ANNUAL REPORT

for the fiscal year
ending March 31, 1990

Health Services and Insurance Commission

91-06919/

To His Honour,
The Honourable Lloyd R. Crouse, P.C.
Lieutenant-Governor of Nova Scotia

Sir:

I have the honour to present the seventeenth Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1990.

I have the honour to be, Sir,

Your most obedient servant,

George C. Moody
Minister of Health and Fitness

To The Honourable George C. Moody
Minister of Health and Fitness
Province of Nova Scotia

Sir:

I have the honour to present the seventeenth Annual Report of the Nova Scotia Health Services and Insurance Commission for the fiscal year ending March 31, 1990.

I have the honour to be, Sir,

Your obedient servant,

Clemm E. Larsen, C.D.
Chairman

Health Services and Insurance Commission
Drug and Therapeutics Committee
Review Committee
Eligibility Committee
Maritime Medical Care, Inc.
Program Audit Committee
Medical Review Committee
Pharmacy Review Committee
Dental Review Committee
Tariff and Finance Committee
Special Physician Payments Committee
Emergency Care Centres Committee
Program Review and Evaluation Committee
Medical Advisory Committee
Dental Advisory Committee
Pharmacy Advisory Committee

Minister of Health and Fitness
Health Services and Insurance Commission
Executive Director D.C. Dinham
Administrative Assistant
Research Officer
Secretary
Receptionist
Secretary
Medical Director
Internal Auditor
Secretary
Pharmacy Consultant
Ambulance Subsidy Program
Program Operations
- Inspection
- Claims

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INTRODUCTION

LEGISLATION

The Health Services and Insurance Commission was established by Chapter 8 of the Statutes of Nova Scotia, 1973 — the Health Services and Insurance Act. This annual report is made pursuant to Section 21(1) of that act.

This act repealed the Medical Care Insurance Act and the Hospital Insurance Act. The Health Services and Insurance Act was amended by Chapter 2 of the Statutes of 1977, at which time responsibility for the hospital programs was deleted from the Commission's responsibility. The Commission continues to provide insurance coverage to Nova Scotia residents for a wide range of services provided by physicians, dentists, optometrists and pharmacists.

Effective July 1, 1984, the Health Services and Insurance Act was amended by Chapter 50 of the Acts of 1984. The effect of the amendment was to preclude billing above tariff by physicians, dentists and optometrists. The amendment also established a system of final offer arbitration for resolution of issues relating to compensation.

THE COMMISSION

The Commission consists of not fewer than nine or more than twelve members appointed by the Lieutenant-Governor in Council who are responsible to the Minister of Health and Fitness. At year end there were nine members including two physicians nominated by The Medical Society of Nova Scotia and one member nominated by the Nova Scotia Association of Health Organizations. Three positions were vacant, including one to be nominated by the Nova Scotia Association of Health Organizations.

Each Commissioner holds office for such term as is prescribed by his or her appointment and is eligible for reappointment but shall not hold office for a term exceeding six consecutive years. During 1989–90, Dr. J. S. Manchester of Musquodoboit Harbour was appointed for a three-year term and Peter S. Mosher of Kentville was appointed for a two-year term.

Appointments expired for Mary MacDonald, New Waterford; Dr. John R. Fraser, Musquodoboit Harbour; C. Herbert Inness, Port Medway; and William MacDonald, Yarmouth. Garth D. Pulsifer, Windsor, was reappointed for a three-year term and Dr. Bruce Pretty, Halifax, was reappointed for a two-year term.

Commissioners as at March 3l, l990 were:

Chairman, Clemm E. Larsen
Parrsboro

Vice-chairman, Professor R.G. Murray
Dartmouth

Dr. N.K. MacLennan
Sydney

Malcolm MacQuarrie
Truro

Dr. Bruce Pretty
Halifa

Garth D. Pulsifer
Windsor

Dr. George S. Zwicker
Halifax

Peter S. Mosher
Kentville

Dr. J. S. Manchester
Musquodoboit Harbour

Executive Director, Derek C. Dinham

Address

P. O. Box 760, Halifax, Nova Scotia B3J 2V2
Telephone: 424-7733

COMMISSION PROGRAMS

The Commission is responsible for providing the following programs:

1. Medical services
   - 1.1 Physician fee-for-service
   - 1.2 Salaried physicians
   - 1.3 Dental-surgical services performed in hospital
2. Vision analyses by optometrists
3. Prescription drug programs for residents 65 years of age and over
4. Dental services for children to age l6
5. Special Dental Programs
   - 5.1 Services for residents of the School for the Blind
   - 5.2 Services for patients with cleft lip/cleft palate
   - 5.3 Services to the severely mentally retarded when required to be done in hospital
6. Special Drug Programs
   - 6.1 Drugs for cystic fibrosis patients
   - 6.2 Drugs for diabetes insipidus related to the pituitary gland
   - 6.3 Program of drugs for cancer patients
   - 6.4 Drug program for patients with a certified growth hormone deficiency
7. Provision of normal arm and leg prostheses, ocular prostheses and maxillofacial surgery prostheses.
8. A program to subsidize the cost of ambulance transportation.

The Commission carries out its responsibilities through regular monthly meetings and through an extensive committee structure. During l989-90 twelve meetings of the Commission were held and Committees met as required.

FUNDING

The funds to carry out the purposes and functions of the Commission are provided by appropriations from the Legislature and all services were rendered without the payment of premiums or co-insurance charges imposed by the Commission or the Province.

ELIGIBILITY FOR BENEFITS

Registration of beneficiaries is carried out by Maritime Medical Care Incorporated.

Eligibility for benefits for residents does not depend upon prior registration. No premiums are required. Eligibility is based on the family concept and all unmarried dependents under the age of 18 are registered on the family's registration certificate. Persons 18 years of age are issued a separate registration card at the start of the month following the month in which they reach their 18th birthday.

New residents of Nova Scotia are required to register with Maritime Medical Care Incorporated.

Residents of other provinces moving to Nova Scotia are provided with coverage on the first day of the third month following the month they move to Nova Scotia. Immediate coverage is available for certain special residents on arrival in Nova Scotia. Such special residents would include landed immigrants, discharged members of the Canadian Armed Forces, and Canadians returning from abroad.

METHOD OF PAYMENT

The majority of payments are made directly to the provider by the Commission on behalf of the individual, although provision has been made for direct payment to the patient if the provider does not have opted-in status with the Commission. This, generally, is the case for services rendered outside Canada. Provision has been made by the Commission to permit the patient to assign the account to the provider concerned.

Payments made directly by the Commission to the provider will be in accordance with the tariffs established by the Commission. The level of

payment for coverage provided on an out-of-Canada basis for physicians' services for 1989–90 is based on the comparative fee in Nova Scotia, plus 75 per cent of the balance.

No payments are made with respect to services provided at the request of a third party or for services deemed medically unnecessary.

THIRD PARTY RECOVERIES

The Commission attempts to recover amounts paid for medical services rendered as a result of the wrongful act of third parties. This function is carried out on behalf of the Commission by the Department of Health and Fitness.

During the fiscal year 1989–90, $215,549 in respect of medical services payments was recovered from third parties.

RESPONSIBILITIES OF THE COMMISSION

The Commission has the function and the power

11.(1) (a) to negotiate in good faith compensation for insured medical services between the Commission on behalf of the Province and

(i) the Society on behalf of duly qualified medical practitioners in the Province who provide insured medical services, or

(ii) a professional organization representing persons in the Province who render insured medical services and who are not duly qualified medical practitioners;

(b) to participate in any process of final offer arbitration as provided for in this Section;

(ba) to establish the tariff or tariffs of fees or other system of payment for insured medical services determined in accordance with this Section and, with the approval of the Governor in Council, to authorize payments in respect thereof;

(c) to interpret tariffs and determine their application to the assessment of claims;

(d) to conduct surveys and research in relation to services that are insured under this act;

(e) to perform such other functions as may be assigned to it from time to time by the Governor in Council or the Minister;

(f) to do all other acts and things that the Commission considers necessary or advisable for the purpose of carrying out effectively the intent and purposes of this act.

TARIFF DEVELOPMENT

Under the act, the Commission has the power and the responsibility to establish a tariff or tariffs of fees or other system of payment for insured services. In carrying out this function, it meets with the various societies or associations before establishing such tariffs or other method of payment and requests approval of the Governor in Council to make the appropriate payments.

Tariff increases effective during 1989–90 were:

(1) medical tariff: 3.0 per cent, effective September 1, 1989;

The tariff agreement with the Medical Society of Nova Scotia also provided for the following:

i) a $300,000 contribution to Canadian Malpractice Association Dues;

ii) a $300,000 contribution to Continuing Medical Education;

iii) a reduction in the value of specific fee codes to equal $2,500,000.

(2) dental tariff: 7.5 per cent, effective April 1, 1989;

(3) optometric tariff: 7.2 per cent, effective April 1, 1989;

(4) the professional component of the pharmacy tariff was increased from $7.53 to $7.85 effective July 1, 1989. An additional 50 cents, per prescription, is paid where a lower priced drug is substituted for a higher priced drug, when substitution is allowed.

Responsibility for the Ambulance Subsidy Program was transferred from the Community Health Division of the Department of Health and Fitness to the Commission effective April I, I989. The agreement between the Department and the Ambulance Operators Association of Nova Scotia expired at the end of March 1989. While negotiations did take place between the Association and the Commission, no new agreement was reached in 1989–90.

ADMINISTRATION

The Executive Director, Mr. Derek C. Dinham, is responsible to the Commission for the overall direction of the plan. Maritime Medical Care Incorporated is responsible for the day-to-day administration and for the assessment of claims in respect of insured services in accordance with the tariffs established by the Commission. It is also responsible for paying claims in accordance with the act and regulations.

During 1989–90 a number of organizational changes took place within the Commission. On April first, the Commission assumed responsibility for the Ambulance Subsidy Program. As a result of this change, the following positions were added to the staff of the Commission:

i) Director — Ambulance Subsidy Program

ii) Coordinator — Field Operations

iii) supervisor

iv) secretary

v) four audit clerks

In addition to the Ambulance Subsidy staff, the Commission also expanded its other staff through the addition of a Medical Consultant, an Internal Auditor, a Research Officer and two secretarial positions. All positions were advertised and filled in 1989. The expansion in staff has added substantially to the Commission's ability to deal with the many and

complex issues regarding its programs.

Maritime Medical Care Incorporated continued to provide the day-to-day administration and incurred expenses of $7,626,190 in provided that service. The total number of claims processed in 1989–90 by Maritime Medical Care Inc. was 9,039,000, an increase of 2.9 per cent over 1988–89. Total payments increased 4.7 per cent from $296,742,659 to $310,828,441. Statistical data relating to all programs are included in the statistical section of this report.

In December 1989, the Report of the Nova Scotia Royal Commission on Health Care was released. The report contained 103 recommendations. A number of the recommendations, if implemented, will affect the Commission and the way it operates. The most notable of these recommendations is the recommendation that: "the Government of Nova Scotia merge the Department of Health and Fitness, the Health Services and Insurance Commission, and the Commission on Drug Dependency into an integrated 'Ministry of Health'."

HIGHLIGHTS

1. Dr. J. S. Manchester and Peter S. Mosher were appointed to the Commission for a two-year period.
2. Terms of appointment on the Commission expired for Mary MacDonald, Dr. John R. Fraser, C. Herbert Inness and William MacDonald.
3. Garth D. Pulsifer was reappointed to a three-year term and Dr. Bruce Pretty was reappointed to a two-year term.
4. The Commission assumed responsibility for the Ambulance Subsidy Program on April 1, 1989 including the transfer of eight staff from the Department of Health and Fitness.
5. The Commission expanded its staff complement to include a Medical Consultant, an Internal Auditor, a Research Officer, and two additional secretarial staff.
6. The Report of the Nova Scotia Royal Commission on Health Care was released in December 1989 and recommended that the Commission be merged into the Department of Health and Fitness.

HEALTH SERVICES AND INSURANCE COMMISSION
TWO YEAR BUDGET COMPARISON
1988–89, 1989–90

Budget Subject	1988–89	1989–90	Percentage of Change
Administration—Commission	353,253	692,741	96.1
Administration—Ambulance Subsidy	—	275,677	—
Contracted Services	7,943,944	7,626,190	(4.0)
Systems Planning & Development	190,823	87,614	(54.1)
Medical	210,127,922	218,183,559	3.8
Optometric	4,056,281	4,460,048	10.0
Children's Dental	12,198,663	13,340,082	9.4
Pharmacare	64,081,910	72,333,726	12.9
Special Dental Plans	194,154	190,886	(1.7)
Prosthetic Services	675,177	682,918	1.1
Special Drug Programs	1,040,930	1,195,127	14.8
Ambulance Subsidy Program	—	11,416,998	—
Commission Totals	**300,863,057**	**330,485,566**	**9.8**

STATISTICAL SECTION

Statistical data may differ from the annual financial data. Year end financial data contains estimates of expenditures outstanding and accruals at year end to meet acceptable accounting practice. The financial data must agree with the figures published in the *Public Accounts*. Statistical data may reflect figures compiled after year end, and thus reflect more accurate information. Statistical data may also include different data elements than the financial information. Where possible, statistical data presented on a consistent basis.

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NOVA SCOTIA MEDICAL SERVICES INSURANCE

1989–1990

SECTION ONE

GENERAL STATISTICS

Table 1
MSI Summary of Payments
12 Months Ended March 31, 1990

	1988–89	1989–90	Percentage Change	
Physicians' Services[1]			**F.Y.**	**52 wks**
Fee-for-service payments	$203,781,367	$206,026,487	1.1	4.4
Salaried & sessional	7,410,251	7,616,775	2.8	
Reciprocal billing	1,806,847	2,548,462	41.0	
Dept. of Health & Fitness recoveries	(678,212)	(511,882)	-24.5	
Total physicians' services	$212,320,253	$215,679,842	1.6	4.7
Dental Services[2]				
Dental surgical services	$2,686,084$	2,658,119	-1.0	
Children's dental plan	12,142,413	13,265,874	9.3	
Special dental programs	210,248	190,326	-9.5	
Total dental payments	$15,038,745	$16,114,319	7.2	
Optometric Services[1]	$4,226,281	$4,690,133	11.0	12.4
Prescription Drugs				
MSI Pharmacare	$63,492,273	$72,400,101	14.0	
Cystic fibrosis & diabetes insipidus	620,496	798,713	28.7	
Cancer society	202,170	173,763	-14.1	
Growth hormones	233,264	222,652	- 4.5	
Total prescription drugs	$64,548,203	$73,595,229	14.0	
Prosthetic Services	$609,177	$748,918	22.9	
TOTAL MSI PAYMENTS	$296,742,659	$310,828,441	4.7	7.1

1. There were 27 payments to physicians and optometrists in 1988–89, instead of the normal 26. Percentage changes based on 26 payments that year are also shown.

2. A retroactive payment in May 1990, has been included in 1989–90 totals.

Table 2
Five-Year Comparison of Selected MSI Statistics and Annual Percentage Increases

	1985–86	1986–87	1987–88	1988 –89	1989–90
Insured population	859,000 0.5%	862,000 0.3%	868,000 0.7%	870,000 0.2%	875,000 0.6%
Physicians paid	1,653 5.2%	1,715 3.8%	1,731 0.9%	1,806 4.3%	1,858 2.9%
Dentists paid	340 3.7%	351 3.2%	367 4.6%	386 5.2%	385 -0.3%
Optometrists paid	53	58	53	56	59
Pharmacies paid	230 4.1%	247 7.4%	246 -0.4%	244 -0.8%	250 2.5%
TOTAL MSI PAYMENTS	$224,370,828 10.9%	$243,625,530 8.6%	$263,993,030 8.4%	$296,742,659 12.4%	$310,828,441 4.7%
Payments per insured person	$261.56 10.4%	283.02 8.2%	$304.14 7.5%	$341.08 12.1%	$355.23 4.1%
Claims processed	7,276,000 4.2%	7,714,000 6.0%	8,043,000 4.3%	8,782,000 9.2%	9,039,000 2.9%

DISTRIBUTION OF PAYMENTS FOR MAJOR PLANS

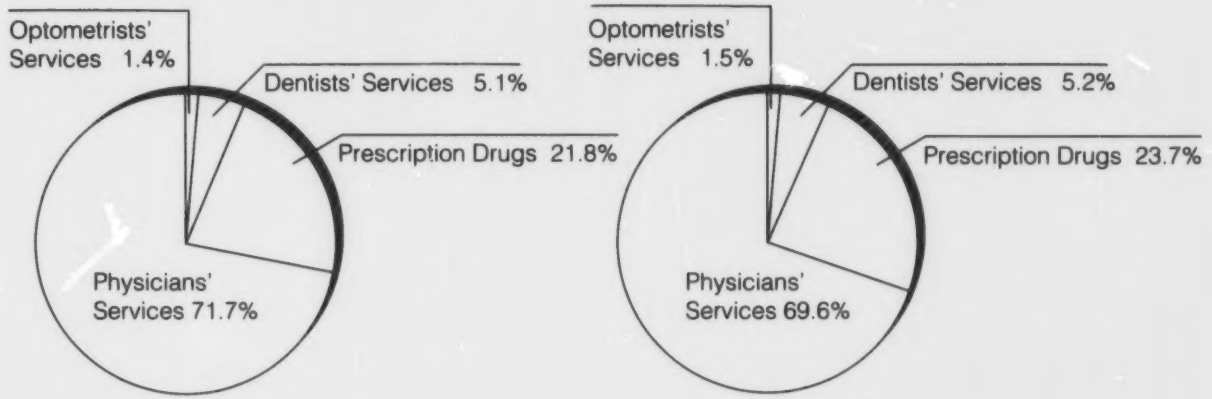

Figure 1

NOVA SCOTIA MEDICAL SERVICES INSURANCE

1989 – 1990

SECTION TWO

PHYSICIANS' SERVICES

Table 1.0
Physicians' Services
Payment and Utilization Summary
Fiscal 1989–90 Compared with Fiscal 1988–89

	1988–89	1989–90	Percentage Change
Payment Summary			
Fee-for-service payments for physicians' services rendered in Nova Scotia	$202,153,688	$204,542,462	1.2
Physicians' services rendered outside Nova Scotia	1,627,679	1,484,025	-8.8
Reciprocal billing	1,806,847	2,548,462	41.0
Dept. of Health & Fitness recoveries[1]	(678,212)	(511,882)	-24.5
Total fee-for-service payments	$204,910,002	208,063,067	1.5
Salaried physicians	7,410,251	7,616,775	2.8
Total payments for physicians' services	$212,320,253	$215,679,842	1.6
Utilization Summary			
Persons insured[2]	869,500	874,600	0.6
Persons receiving insured services (beneficiaries)	801,170	801,402	-
Per cent of persons insured	92.1	91.6	
Services Rendered	7,305,730	7,224,792	-1.1
Services per insured[3]	8.40	8.26	-1.7
Expenditure per insured[4]	$244.19	$246.60	1.0
Services per beneficiary[3]	9.12	9.03	-1.0
Expenditure per beneficiary[4]	$265.01	$269.50	1.7

1. Includes reimbursements for out-of-province hospital out-patient and diagnostic services, and for a portion of billings by V.G. Emergency Department physicians.
2. Estimates of insured population as of October 1 are 869,500 for 1988-89 and 874,600 for 1989–90. These figures exclude 13,400 individuals in the Armed Forces or R.C.M.P. in 1988–89, and 13,100 individuals in 1989–90.
3. Excludes services performed by physicians under salary arrangement.
4. Includes payments for salaried physicians' services.

Table 1.1
Physicians' Services
Number of Physicians Paid

Payment Category	Number Of Physicians 12 Months Ended March 31, 1989	12 Months Ended March 31, 1990
Physicians who received fee-for-services payments only	1,662	1,719
Physicians who received fee-for-service and salary payments	100	87
Total physicians—fee-for-service	1,762	1,806
Physicians who received salary payments only	44	52
TOTAL PHYSICIANS WHO RECEIVED MSI PAYMENTS	1,806	1,858

Table 1.2
Physicians' Services
Total MSI Payments for Physicians Services[1]
and Expenditure per Insured Person — 1973–74 to 1989–90

	Total Paid	Expenditure per Insured Person	Percentage Change from Previous Year
1973–74	$ 38,571,411	$ 48.58	-
1974–75	44,851,793	55.93	15.0
1975–76	55,348,064	68.25	22.0
1976–77	61,107,308	74.79	9.6
1977–78	65,051,135	79.33	6.1
1978–79	70,928,849	86.08	8.5
1979–80	78,306,480	94.69	10.0
1980–81	87,788,152	105.64	11.6
1981–82	101,446,850	121.64	15.1
1982–83	124,952,265	148.93	22.4
1983–84	135,063,879	159.65	7.2
1984–85	151,223,661	176.87	10.8
1985–86	166,509,795	193.84	9.6
1986–87	178,179,570	206.70	6.6
1987–88	189,424,623	218.23	5.6
1988–89	212,320,253	244.19	11.9
1989–90	215,679,842	246.60	1.0

1. Includes payments to hospitals and institutions with respect to insured services performed by salaried physicians, as well as fee-for-service payments.

Physicians Services
Expenditure per Insured Person

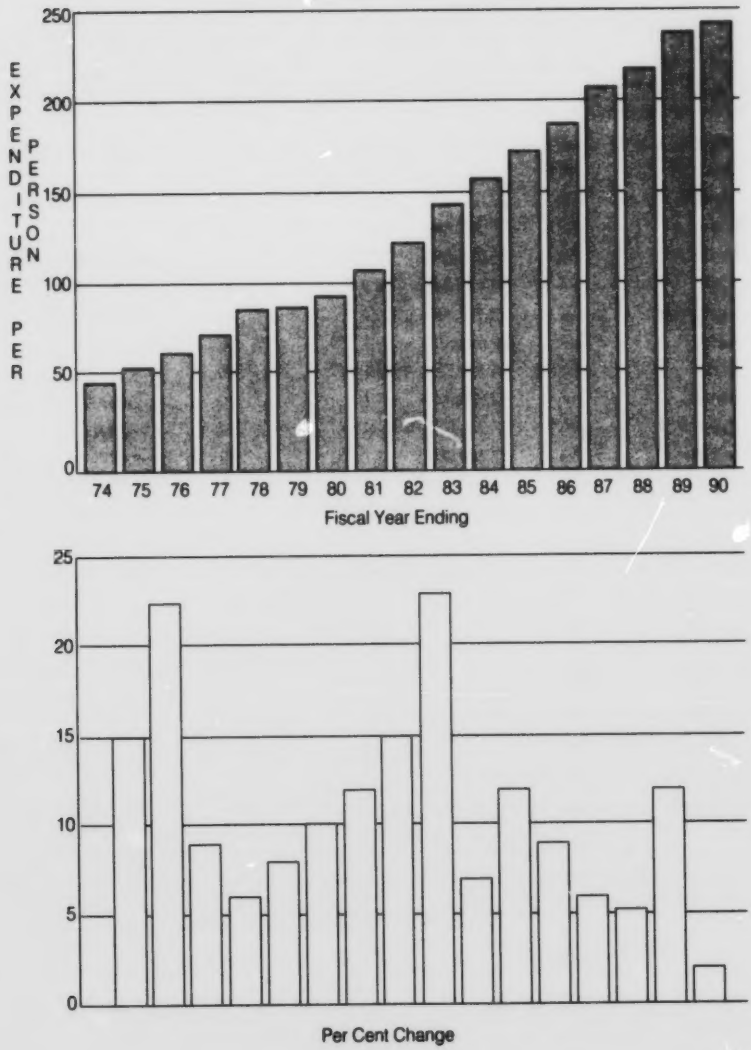

Figure 2

Table 2.0
Physician Services
Fee-for-Service Payments by County

County	12 Months Ended March 31, 1989 Physicians	Amount Paid	% Of Total	12 Months Ended March 31, 1990 Physicians	Amount Paid	% Of Total
Annapolis	27	$ 3,010,417	1.5	22	$ 2,948,333	1.4
Antigonish	46	4,759,599	2.4	45	4,845,642	2.4
Cape Breton	169	26,915,308	13.3	169	27,088,056	13.2
Colchester	63	7,927,848	3.9	63	8,114,257	4.0
Cumberland	50	5,664,068	2.8	47	5,377,571	2.6
Digby	24	2,427,948	1.2	21	2,621,526	1.3
Guysborough	14	1,166,833	0.6	13	1,008,049	0.5
Halifax	980	102,404,553	50.7	1,016	102,534,551	50.1
Hants	44	4,397,732	2.2	46	4,641,587	2.3
Inverness	17	2,833,585	1.4	20	2,857,836	1.4
Kings	94	12,252,030	6.1	99	12,390,195	6.1
Lunenburg	69	7,549,884	3.7	79	8,677,292	4.2
Pictou	69	8,800,293	4.3	67	9,380,316	4.6
Queens	12	1,678,012	0.8	12	1,691,835	0.8
Richmond	8	1,196,406	0.6	7	1,132,938	0.6
Shelburne	16	1,843,885	0.9	17	1,985,646	1.0
Victoria	10	1,046,528	0.5	11	1,114,049	0.5
Yarmouth	50	6,278,759	3.1	52	6,132,783	3.0
NOVA SCOTIA	1,762	$ 202,153,688	100.0	1,806	$ 204,542,462	100.0
Out-of-Province	—	1,627,679		—	1,484,025	
TOTAL PAYMENTS	1,762	$ 203,781,367		1,806	$ 206,026,487	

Table 3.0
Physicians' Services
Fee-for-Service Payments by Specialty in Urban[1] and Rural Areas

Specialty	12 Months Ended March 31, 1990 Physicians	Amount Paid	12 Months Ended March 31, 1989 Physicians	Amount Paid
General Practice				
Urban	542	$ 49,282,595	550	$ 49,582,020
Rural	459	54,451,783	465	54,508,626
TOTAL	1,001	103,734,378	1,015	104,090,646
Medical Specialties				
Anesthesia				
Urban	60	8,515,072	63	8,293,890
Rural	16	1,846,540	15	1,848,450
TOTAL	76	10,361,612	78	10,142,340
Dermatology				
TOTAL (Urban)	13	2,650,767	14	2,619,025
Internal Medicine				
Urban	109	11,875,768	115	12,152,883
Rural	38	4,248,881	36	4,366,208
TOTAL	147	16,124,649	151	16,519,091
Neurology				
TOTAL (Urban)	14	1,337,629	16	1,622,418
Pediatrics				
Urban	61	5,560,989	62	5,680,780
Rural	6	648,798	11	1,040,650
TOTAL	67	6,209,787	73	6,721,430
Physical Medicine				
TOTAL (Urban)	9	1,135,182	11	1,141,673

1. Urban areas are defined as areas with population over 35,000. Those areas include: Sydney urban area within a perimeter bounded by North Sydney, Sydney City and Glace Bay. The Halifax-Dartmouth area within a perimeter bounded by Halifax, Middle Sackville and Dartmouth.

Table 3.0—Continued

Specialty	12 Months Ended March 31, 1990 Physicians	12 Months Ended March 31, 1990 Amount Paid	12 Months Ended March 31, 1989 Physicians	12 Months Ended March 31, 1989 Amount Paid
Psychiatry				
Urban	66	$ 5,872,253	67	$ 6,171,600
Rural	22	1,603,203	20	1,621,031
TOTAL	88	7,475,456	87	7,792,631
All Medical Specialties				
Urban	332	36,947,660	348	37,682,269
Rural	82	8,347,422	82	8,876,339
TOTAL	414	45,295,082	430	46,558,608
Surgical Specialties				
General Surgery				
Urban	51	8,679,983	50	8,081,473
Rural	36	5,787,192	37	5,985,092
TOTAL	87	14,467,175	87	14,066,565
Neurosurgery				
TOTAL (Urban)	6	1,153,881	7	1,216,927
Obstetrics & Gynecology				
Urban	31	5,862,421	31	5,935,938
Rural	12	1,646,158	13	2,165,484
TOTAL	43	7,508,579	44	8,101,422
Ophthalmology				
Urban	27	6,766,647	26	7,017,819
Rural	14	2,883,776	15	3,044,373
TOTAL	41	9,650,423	41	10,062,192
Otolaryngology				
Urban	17	4,185,883	19	4,189,980
Rural	4	888,812	5	1,098,471
TOTAL	21	5,074,695	24	5,288,451
Orthopedic Surgery				
Urban	16	3,955,297	18	4,003,992
Rural	3	839,475	3	828,519
TOTAL	19	4,794,772	21	4,832,511

Table 3.0—Continued

Specialty	12 Months Ended March 31, 1990 Physicians	12 Months Ended March 31, 1990 Amount Paid	12 Months Ended March 31, 1989 Physicians	12 Months Ended March 31, 1989 Amount Paid
Plastic Surgery[1]				
TOTAL	9	1,995,752	9	1,894,662
Thoracic Surgery[1]				
TOTAL	6	1,137,649	5	1,133,077
Urology				
Urban	15	3,104,330	17	3,043,652
Rural	3	527,949	3	575,534
TOTAL	18	3,632,279	20	3,619,186
Vascular Surgery				
Urban	4	1,492,437	4	1,396,668
Rural	3	875,543	3	916,244
TOTAL	7	2,367,980	7	2,312,912
All Surgical Specialties				
Urban	180	38,162,262	184	37,513,278
Rural	77	13,620,923	81	15,014,627
TOTAL	257	51,783,185	265	52,527,905
Other Specialties				
Pathology				
Urban	14	74,522	17	76,818
Rural	5	7,858	3	10,582
TOTAL	19	82,380	20	87,400
Radiology				
Urban	47	1,073,951	53	1,094,838
Rural	24	184,712	23	183,065
TOTAL	71	1,258,663	76	1,277,903

1. To preserve confidentiality, the urban and rural distribution has not been shown.

Table 3.0—Continued

Specialty	12 Months Ended March 31, 1990 Physicians	12 Months Ended March 31, 1990 Amount Paid	12 Months Ended March 31, 1989 Physicians	12 Months Ended March 31, 1989 Amount Paid
All Physicians				
Urban	1,115	$ 125,540,990	1,152	$ 125,949,223
Rural	647	76,612,698	654	78,593,239
TOTAL	1,762	$ 202,153,688	1,806	$ 204,542,462
Out-of-province	—	1,627,679	—	1,484,025
TOTAL FEE-FOR-SERVICE PAYMENTS	1,762	$ 203,781,367	1,806	$ 206,026,487

Table 3.1
Physicians Services
Distribution of Physicians by Specialty and County[1]

	General Practice		Internal Medicine		Neurology		Pediatrics		Dermatology	
	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90
Annapolis	19	18	2	1	—	—	—	—	—	—
Antigonish	26	22	5	6	—	—	—	1	—	—
Cape Breton	106	104	11	10	—	1	4	3	—	—
Colchester	45	47	2	1	—	—	1	1	—	—
Cumberland	40	37	3	2	—	—	—	—	—	—
Digby	22	18	—	—	—	—	—	—	—	—
Guysborough	13	13	1	—	—	—	—	—	—	—
Halifax	464	473	98	105	14	15	58	60	13	14
Hants	36	37	2	2	—	—	—	1	—	—
Inverness	14	17	—	—	—	—	—	—	—	—
Kings	52	60	8	8	—	—	1	1	—	—
Lunenburg	49	52	4	5	—	—	1	3	—	—
Pictou	46	45	6	6	—	—	1	1	—	—
Queens	8	8	2	2	—	—	—	—	—	—
Richmond	8	7	—	—	—	—	—	—	—	—
Shelburne	15	16	—	—	—	—	—	—	—	—
Victoria	7	8	1	1	—	—	—	—	—	—
Yarmouth	31	33	2	2	—	—	1	2	—	—
TOTAL	1,001	1,015	147	151	14	16	67	73	13	14

	General Surgery		Thoracic Surgery		Neurosurgery		Plastic Surgery		Orthopedic Surg.		Vascular Surgery	
	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90
Annapolis	3	1	—	—	—	—	—	—	—	—	—	—
Antigonish	4	4	—	—	—	—	—	—	—	—	—	—
Cape Breton	14	13	—	—	1	1	—	—	2	2	2	2
Colchester	4	3	—	—	—	—	—	—	—	—	—	—
Cumberland	2	3	—	—	—	—	—	—	—	—	—	—
Digby	2	3	—	—	—	—	—	—	—	—	—	—
Guysborough	—	—	—	—	—	—	—	—	—	—	—	—
Halifax	38	38	4	4	5	6	9	8	14	16	2	2
Hants	3	3	—	—	—	—	—	—	—	—	—	—
Inverness	2	2	1	1	—	—	—	—	—	—	—	—
Kings	2	2	1	—	—	—	—	—	2	2	3	3
Lunenburg	4	5	—	—	—	—	—	1	—	—	—	—
Pictou	2	3	—	—	—	—	—	—	1	1	—	—
Queens	1	1	—	—	—	—	—	—	—	—	—	—
Richmond	—	—	—	—	—	—	—	—	—	—	—	—
Shelburne	1	1	—	—	—	—	—	—	—	—	—	—
Victoria	1	1	—	—	—	—	—	—	—	—	—	—
Yarmouth	4	4	—	—	—	—	—	—	—	—	—	—
TOTAL	87	87	6	5	6	7	9	9	19	21	7	7

1. All physicians who received fee-for-service payments are included in this table.

Table 3.1—Continued

	Urology		Obstetrics & Gynecology		Anesthesia		Radiology		Opthalmology	
	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90
Annapolis	—	—	—	—	1	—	1	1	1	1
Antigonish	—	—	3	3	—	—	4	3	2	3
Cape Breton	2	2	4	4	6	7	6	8	2	2
Colchester	1	1	2	2	1	1	3	3	1	1
Cumberland	—	—	—	—	2	2	1	1	1	1
Digby	—	—	—	—	—	—	—	—	—	—
Guysborough	—	—	—	—	—	—	—	—	—	—
Halifax	13	15	27	27	55	58	41	45	25	24
Hants	—	—	—	—	—	—	2	2	—	—
Inverness	—	—	—	—	—	—	—	—	—	—
Kings	1	1	4	3	5	5	3	4	4	4
Lunenburg	—	—	1	2	2	2	3	3	2	2
Pictou	1	1	1	2	3	2	3	3	2	2
Queens	—	—	—	—	1	1	—	—	—	—
Richmond	—	—	—	—	—	—	—	—	—	—
Shelburne	—	—	—	—	—	—	—	—	—	—
Victoria	—	—	—	—	—	—	—	—	—	—
Yarmouth	—	—	1	1	—	—	4	3	1	1
TOTAL	18	20	43	44	76	78	71	76	41	41

	Otolaryngology		Psychiatry		Physical Medicine		Pathology		Total	
	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90	1988-89	1989-90
Annapolis	—	—	—	—	—	—	—	—	27	22
Antigonish	1	2	1	1	—	—	—	—	46	45
Cape Breton	3	4	5	5	—	—	1	1	169	169
Colchester	—	—	3	3	—	—	—	—	63	63
Cumberland	—	—	1	1	—	—	—	—	50	47
Digby	—	—	—	—	—	—	—	—	24	21
Guysborough	—	—	—	—	—	—	—	—	14	13
Halifax	14	15	63	63	9	11	14	17	980	1,016
Hants	—	—	1	1	—	—	—	—	44	46
Inverness	—	—	—	—	—	—	—	—	17	20
Kings	1	1	6	4	—	—	1	1	94	99
Lunenburg	1	1	2	3	—	—	—	—	69	79
Pictou	—	—	1	1	—	—	2	—	69	67
Queens	—	—	—	—	—	—	—	—	12	12
Richmond	—	—	—	—	—	—	—	—	8	7
Shelburne	—	—	—	—	—	—	—	—	16	17
Victoria	—	—	1	1	—	—	—	—	10	11
Yarmouth	1	1	4	4	—	—	1	1	50	52
TOTAL	21	24	88	87	9	11	19	20	1,762	1,806

Table 3.2
Physicians' Services— MSI Fee-for-Service Payments
Number of Physicians by Specialty and Payment Range[1]
(1988–89 Compared With 1989–90)

	Under $25,000		$25,000-49,999		$50,000-99,999		$100,000-149,999		$150,000-199,000	
	1989[2]	1990[2]	1989	1990	1989	1990	1989	1990	1989	1990
Anesthesia	5	5	3	5	8	6	22	31	33	28
Vascular Surgery	—	—	—	—	—	—	1	—	—	1
Dermatology	2	2	2	1	2	3	—	2	1	—
General Practice	205	209	91	89	198	214	244	235	168	176
General Surgery	11	12	6	5	9	11	14	13	16	20
Internal Medicine	28	33	24	16	32	35	20	24	21	22
Neurology	3	1	3	3	5	8	—	1	2	2
Neurosurgery	—	—	—	—	—	1	—	—	4	3
Obstetrics & Gynecology	4	2	3	1	6	9	7	8	7	5
Ophthalmology	5	4	3	2	2	1	4	4	3	4
Otolaryngology	—	—	—	1	4	4	1	2	3	3
Orthopedic Surgery	—	1	—	1	1	—	—	2	3	2
Pediatrics	17	19	4	12	21	14	7	10	11	8
Physical Medicine	2	3	—	—	1	2	4	4	—	—
Plastic Surgery	—	1	—	—	—	—	1	—	1	2
Psychiatry	20	16	14	9	23	30	15	15	11	12
Radiology	54	59	7	9	8	7	2	1	—	—
Thoracic Surgery	1	—	—	—	—	—	—	1	1	—
Urology	2	1	—	1	—	1	1	2	5	8
Pathology	19	20	—	—	—	—	—	—	—	—
TOTAL	378	388	160	155	320	348	343	355	290	296

	$200,000 -249,999		$250,000 -299,999		Over $300,000		Total	
	1989	1990	1989	1990	1989	1990	1989	1990
Anesthesia	5	3	—	—	—	—	76	78
Vascular Surgery	—	—	2	2	4	4	7	7
Dermatology	—	—	2	3	4	3	13	14
General Practice	64	63	20	18	11	11	1,001	1,015
General Surgery	13	9	7	8	11	9	87	87
Internal Medicine	9	7	5	8	8	6	147	151
Neurology	—	—	—	—	1	1	14	16
Neurosurgery	2	3	—	—	—	—	6	7
Obstetrics & Gynecology	7	9	3	3	6	7	43	44
Ophthalmology	3	7	7	7	14	12	41	41
Otolaryngology	4	5	2	3	7	6	21	24
Orthopaedic Surgery	5	6	4	5	6	4	19	21
Pediatrics	4	7	2	3	1	—	67	73
Physical Medicine	2	2	—	—	—	—	9	11
Plastic Surgery	6	3	—	2	1	1	9	9
Psychiatry	3	4	1	—	1	1	88	87
Radiology	—	—	—	—	—	—	71	76
Thoracic Surgery	3	2	1	2	—	—	6	5
Urology	7	3	2	3	1	1	18	20
Pathology	—	—	—	—	—	—	19	20
TOTAL	137	133	58	67	76	66	1,762	1,806

Number of Physicians Paid by Payment Range
(Fee-for-Service)
1. All Physicians

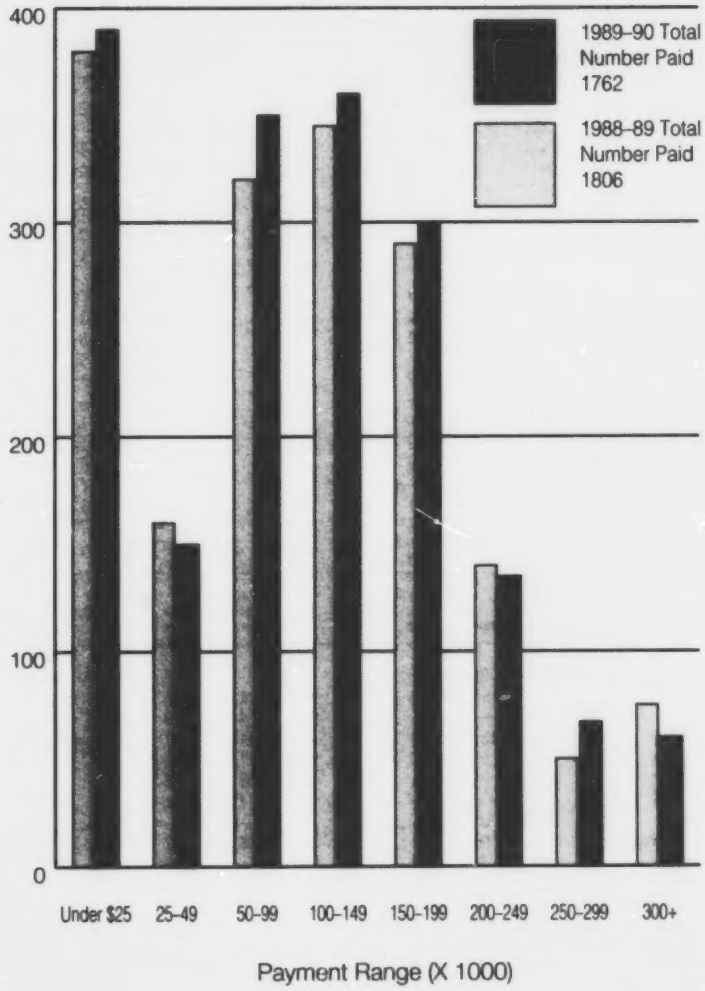

Figure 3

Number of Physicians Paid by Payment Range
(Fee-for-Service)
2. General Practitioners

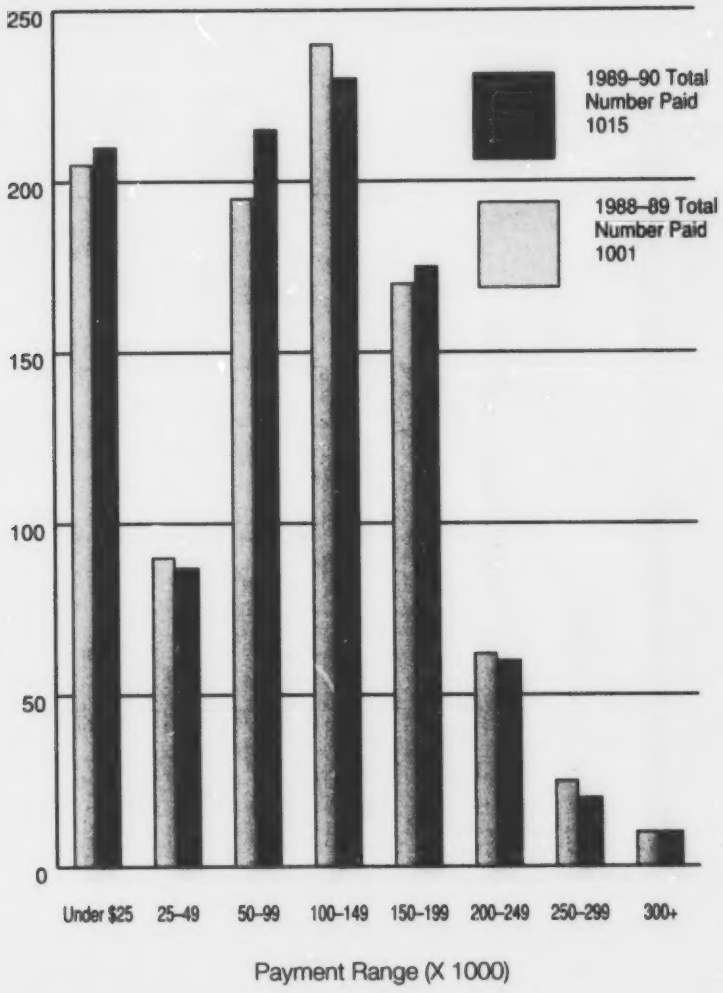

Figure 4

Number of Physicians Paid by Payment Range
(Fee-for-Service)
3. Specialists

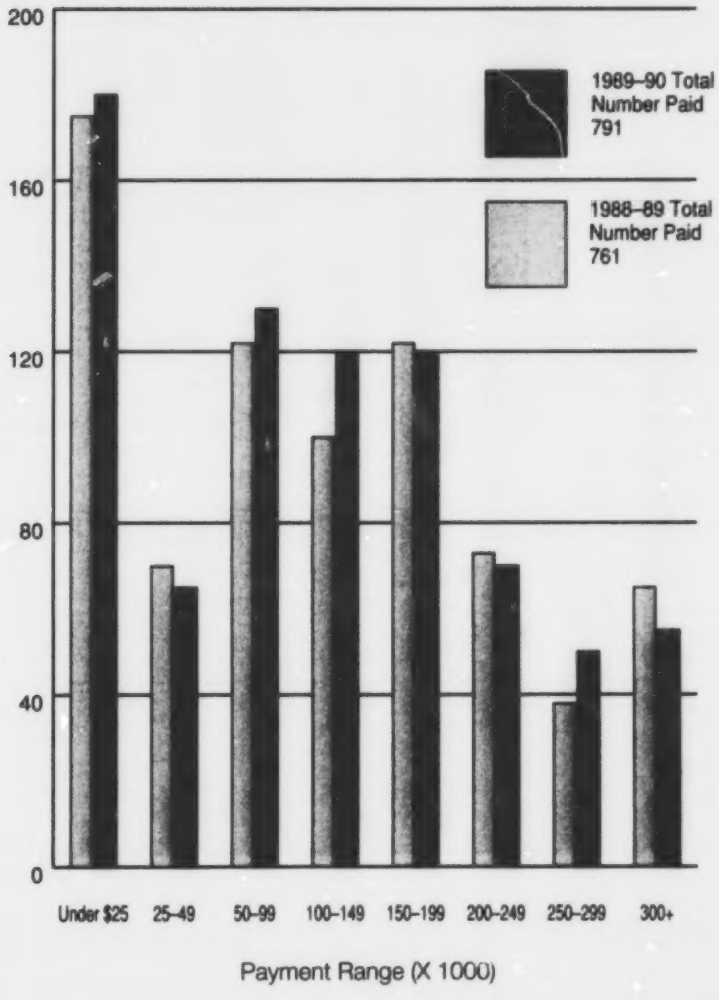

Figure 5

Table 4.0
Physicians' Services
Fee-for-Service Payments
Number of Services by Type of Service

	12 Months Ended March 31, 1989		12 Months Ended March 31, 1990		
	Services	% Of Total	Services	% Of Total	% Change Services
Consultations	406,769	5.6	409,924	5.7	0.8
Office visits	3,777,106	51.7	3,739,039	51.8	- 1.0
Home visits	168,234	2.3	162,187	2.2	- 3.6
Hospital visits	900,390	12.3	865,428	12.0	- 3.9
Emergency & Out-Patient Dept. visits	611,202	8.4	601,284	8.3	- 1.6
Intensive care	48,108	0.6	49,816	0.7	3.6
Psychiatric services	185,517	2.5	188,287	2.6	1.5
Sub-total	6,097,326	83.4	6,015,965	83.3	- 1.3
Eye examinations	70,522	1.0	66,905	0.9	- 5.1
Other diag. & ther.	515,925	7.1	530,726	7.4	2.9
Sub-total	586,447	8.1	597,631	8.3	1.9
Obstetrical care	162,314	2.2	167,507	2.3	3.2
Major surgery	80,496	1.1	80,433	1.1	- 0.1
Minor surgery	166,795	2.3	167,382	2.3	0.4
Surgical assist	23,975	0.3	24,259	0.3	1.2
Anesthesia	108,903	1.5	104,499	1.5	- 4.0
Sub-total	380,169	5.2	376,573	5.2	- 0.9
All other services[1]	79,474	1.1	67,116	0.9	- 15.5
TOTAL	7,305,730	100.0	7,224,792	100.0	- 1.1

1. Includes amounts paid for out-of-province services, independant consideration, detention fees, and group immunization.

Table 4.1
Physicians' Services
Fee-for-Service Payments
Amount Paid by Type of Service

	12 Months Ended March 31, 1989		12 Months Ended March 31, 1990		
	Amount Paid	% Of Total	Amount Paid	% Of Total	% Change Amount Paid
Consultations	$ 26,587,681	13.0	$ 27,323,865	13.3	2.8
Office visits	67,447,855	33.1	68,054,597	33.0	0.9
Home visits	5,979,911	2.9	5,860,133	2.8	- 2.0
Hospital visits	13,015,950	6.4	12,961,739	6.3	- 0.4
Emergency & Out-Patient Dept. visits	11,584,739	5.7	11,577,654	5.6	- 0.1
Intensive care	1,904,813	0.9	2,163,409	1.1	13.6
Psychiatric services	11,037,791	5.4	11,424,152	5.5	3.5
Sub-Total	$ 137,558,740	67.4	$ 139,365,549	67.6	1.3
Eye examinations	2,379,087	1.2	2,299,187	1.1	- 3.4
Other diag. & ther.	13,834,402	6.8	14,620,718	7.1	5.7
Sub-total	$ 16,213,489	8.0	$ 16,919,905	8.2	4.4
Obstetrical care	$ 6,317,975	3.1	$ 6,541,061	3.2	3.5
Major surgery	20,737,979	10.2	20,876,503	10.1	0.7
Minor surgery	6,022,790	3.0	5,990,027	2.9	- 0.5
Surgical assist	1,899,368	0.9	2,016,317	1.0	6.2
Anesthesia	11,416,532	5.6	11,290,525	5.5	- 1.1
Sub-total	$ 40,076,669	19.7	$ 40,173,372	19.5	0.2
All other services[1]	3,614,494	1.8	3,026,600	1.5	- 16.3
TOTAL	$ 203,781,367	100.0	$ 206,026,487	100.0	1.1

1. Includes amounts paid for out-of-province services, independent consideration, detention fees and group immunization.

Table 4.2
Physicians' Services
Fee-for-Service Payments
Services and Amount Paid per 1,000 Insured Persons[1]

	Number of Services per 1,000 Insured 12 Months Ended March 31		Amount Paid per 1,000 Insured 12 Months Ended March 31	
	1989	1990	1989	1990
Consultations	468	469	$ 30,578	$ 31,242
Office visits	4,344	4,275	77,571	77,812
Home visits	193		185 6,877	6,700
Hospital visits	1,036	990	14,970	14,820
Emergency & Out-Patient Dept. visits	703	687	13,323	13,238
Intensive care	55	57	2,191	2,474
Psychiatric services	213	215	12,694	13,062
Sub-total	7,012	6,878	$ 158,204	$ 159,348
Eye examinations	81	76	2,736	2,629
Other diag. & ther.	593	607	15,911	16,717
.Sub-total	674	683	$ 18,647	$ 19,346
Obstetrical care	187	192	$ 7,266	$ 7,479
Major surgery	93	92	23,851	23,870
Minor surgery	192	191	6,927	6,849
Surgical assist	28	28	2,184	2,305
Anesthesia	125	120	13,130	12,909
Sub-total	438	431	$ 46,092	$ 45,933
All other services[2]	91	77	4,157	3,461
TOTAL	8,402	8,261	$ 234,366	$ 235,567

1. Estimates of insured population as of October 1 are 869,500 for 1988-89 and 874,600 for 1989-90. These figures exclude 13,400 individuals in the Armed Forces or R.C.M.P. in 1988-89, and 13,100 individuals in 1989-90.

2. See note 1 on Tables 4.0 and 4.1.

Table 5.0
MSI Payments for Physicians' Services
Expenditure per Insured Person by County of Residence
Fiscal 1989–90

County	Persons[1] Insured	Expenditure per Insured Person: General Practitioners	Specialists	Total
Annapolis	23,000	$ 115.56	$ 85.91	$ 201.47
Antigonish	19,100	108.86	91.32	200.18
Cape Breton	120,700	129.55	114.34	243.89
Colchester	45,900	118.96	91.55	210.51
Cumberland	34,300	130.10	90.50	220.60
Digby	21,800	119.46	75.71	195.18
Guysborough	12,600	114.27	91.47	205.74
Halifax	309,400	112.79	137.51	250.30
Hants[2]	38,500	137.89	120.71	258.61
Inverness	21,600	125.83	92.78	218.62
Kings	53,700	124.35	115.30	239.65
Lunenburg	46,600	117.83	111.51	229.34
Pictou	49,200	128.54	105.58	234.12
Queens	13,100	113.88	110.58	224.46
Richmond	11,500	141.84	83.41	225.25
Shelburne	17,300	130.05	88.48	218.53
Victoria	8,800	110.61	76.18	186.79
Yarmouth	27,500	118.89	95.81	214.69
TOTAL	874,600	$ 120.48	$ 115.08	$ 235.57

1. The distribution of insured population by county is based on postcensal annual estimates. This distribution was then applied to an estimate of insured population on October 1, 1989. This estimate of 874,600 excludes 13,100 individuals employed in Armed Forces or R.C.M.P.

2. Expenditure by county is based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in expenditure per insured person in Hants County, where a few thousand residents of Halifax County have postal addresses.

Table 5.1
MSI Payments for Physicians Services
Utilization Data and Expenditure per Patient by County of Residence
Fiscal 1989–90

County	Persons[1] Insured	Utilization Beneficiaries[2]	Expenditure Rate	per Patient
Annapolis	23,000	18,868	82.0	$245.59
Antigonish	19,100	17,537	91.8	218.02
Cape Breton	120,700	112,858	93.5	260.84
Colchester	45,900	41,612	90.7	232.20
Cumberland	34,300	31,042	90.5	243.76
Digby	21,800	18,665	85.6	227.96
Guysborough	12,600	10,849	86.1	238.94
Halifax	309,400	295,527	95.5	262.05
Hants[2]	38,500	39,231	100.0	253.79
Inverness	21,600	19,923	92.2	237.02
Kings	53,700	50,739	94.5	253.64
Lunenburg	46,600	41,030	88.0	260.47
Pictou	49,200	45,354	92.2	253.97
Queens	13,100	11,714	89.4	251.02
Richmond	11,500	10,450	90.9	247.88
Shelburne	17,300	15,460	89.4	244.54
Victoria	8,800	6,781	77.1	242.41
Yarmouth	27,500	25,555	92.9	231.03
TOTAL	874,600	801,402[3]	91.6	$257.08

1. The distribution of insured population by county was based on postcensal annual estimates. This distribution was then applied to an estimate of insured population on October 1, 1989. This estimate of 874,600 excludes 13,100 individuals employed in Armed Forces or R.C.M.P.
2. Beneficiary counts are based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in utilization rates in Hants County, where a few thousand residents of Halifax County have postal addresses. Expenditure per patient should not be affected by this problem, however.
3. Figures do not add up to total because some beneficiaries were resident in more than one county throughout the year.

Table 6.0
Physicians' Services
Distribution of Insured Persons by Number of Services Received

Services	Persons[1] 1988–89	Persons[1] 1989–90	Amount Paid[2] 1988–89	Amount Paid[2] 1989–90
Part A. Number of Insured Persons				
NIL	68,330	73,198	$ -	$ -
One	104,800	105,242	2,239,873	2,284,558
Two	93,629	93,671	4,005,418	4,086,019
Three	80,722	81,525	5,349,089	5,534,115
Four	69,028	69,708	6,331,870	6,519,094
Five	58,495	58,723	6,952,000	7,134,904
6 - 10	185,360	185,869	36,784,250	37,544,965
11 - 25	159,465	158,243	73,651,298	74,848,608
26 - 50	37,364	36,689	39,877,689	40,034,544
51 -100	10,082	9,618	20,113,700	19,410,794
Over 100	2,225	2,114	8,446,423	8,612,102
TOTAL	869,500	874,600	$ 203,751,610	$ 206,009,703
Part B. Percentage Distribution				
NIL	7.9%	8.4%	- %	- %
One	12.0	12.0	1.1	1.1
Two	10.8	10.7	2.0	2.0
Three	9.3	9.3	2.6	2.7
Four	7.9	8.0	3.1	3.2
Five	6.7	6.7	3.4	3.5
6 - 10	21.3	21.3	18.1	18.2
11 - 25	18.3	18.1	36.1	36.3
30 - 50	4.3	4.2	19.6	19.4
51 -100	1.2	1.1	9.9	9.4
Over 100	0.3	0.2	4.1	4.2
TOTAL 100.0%	100.0%	100.0%	100.0%	

1. The table above includes all persons who received any insured service during the year that was reimbursed on a fee-for-service basis. Persons who change MSI registration numbers during the year are counted twice if they received services under each number.

   The number receiving NIL services is a residual calculated by subtracting the number of beneficiaries from an estimate of the insured population.

2. Certain adjustments and services not rendered to individuals (e.g. immunization clinics) are not counted for this table and therefore total paid varies somewhat from totals reported elsewhere.

Distribution of Insured Population by Number of Services Received Fiscal Year 1989–90

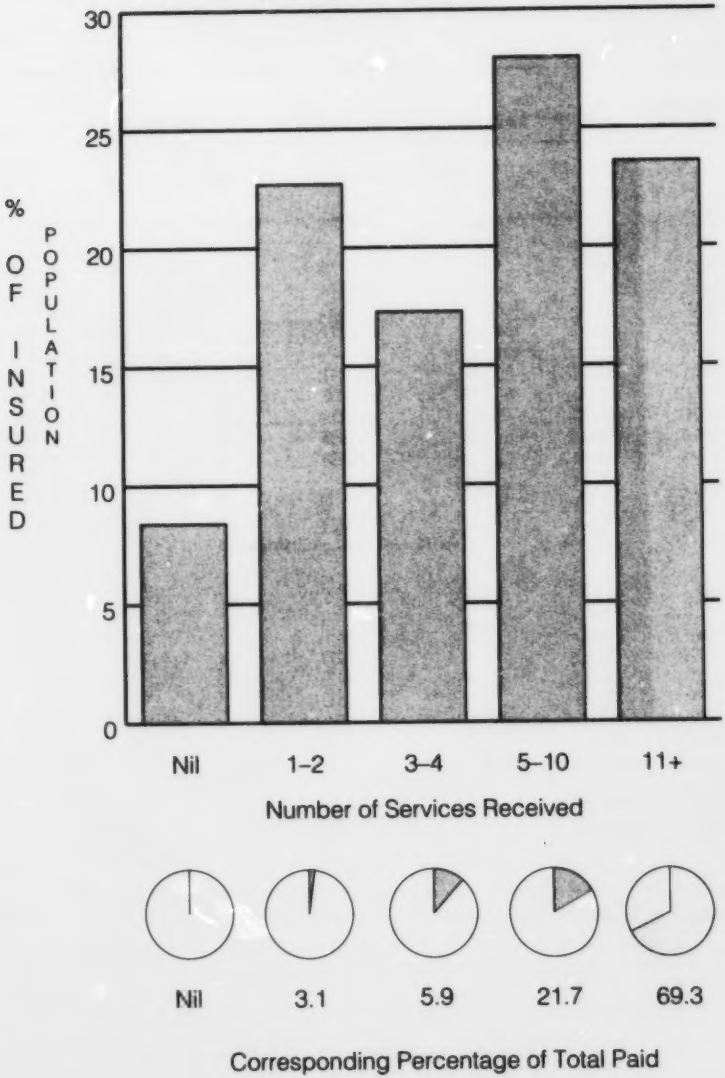

Figure 6

Table 6.1
Physicians' Services
Distribution of Insured Persons by Amount Paid for Services Received

Dollar Value of Services	Persons[1]		Amount Paid[2]	
	1988-89	1989-90	1988-89	1989-90
Part A. Number of Insured Persons				
NIL	68,330	73,198	$ -	$ -
$0.01 - $10.00	1,246	1,319	11,318	12,226
10.01 - 25.00	87,135	86,274	1,464,214	1,459,845
25.01 - 50.00	105,820	104,850	3,844,397	3,820,087
50.01 - 100.00	166,080	164,911	11,804,244	11,747,309
100.01 - 150.00	104,381	104,590	12,722,162	12,810,989
150.01 - 200.00	69,291	70,141	11,986,206	12,148,259
200.01 - 300.00	84,903	84,992	20,728,324	20,785,606
300.01 - 500.00	79,681	80,219	30,757,479	30,990,794
500.01 - $1000.00	66,480	67,408	46,256,943	46,882,285
Over $1000.00	36,153	36,698	64,126,323	65,352,303
TOTAL	869,500	874,600	$ 203,751,610	$ 206,009,703
Part B. Percentage Distribution				
NIL	8.1%	8.4%	-%	-%
$0.01 - $10.00	0.2	0.1	-	-
10.01 - 25.00	10.0	9.9	0.7	0.7
25.01 - 50.00	12.1	12.0	1.9	1.9
50.01 - 100.00	19.1	18.8	5.8	5.7
100.01 - 150.00	12.0	12.0	6.2	6.2
150.01 - 200.00	8.0	8.0	5.9	5.9
200.01 - 300.00	9.7	9.7	10.2	10.1
300.01 - 500.00	9.1	9.2	15.1	15.0
500.01 - $1000.00	7.6	7.7	22.7	22.8
Over $1000.00	4.1	4.2	31.5	31.7
TOTAL	100.0%	100.0%	100.0%	100.0%

Notes 1 and 2—See footnotes to Table 6.0.

Distribution of Insured Population by Amount Paid for Services Received Fiscal Year 1989–90

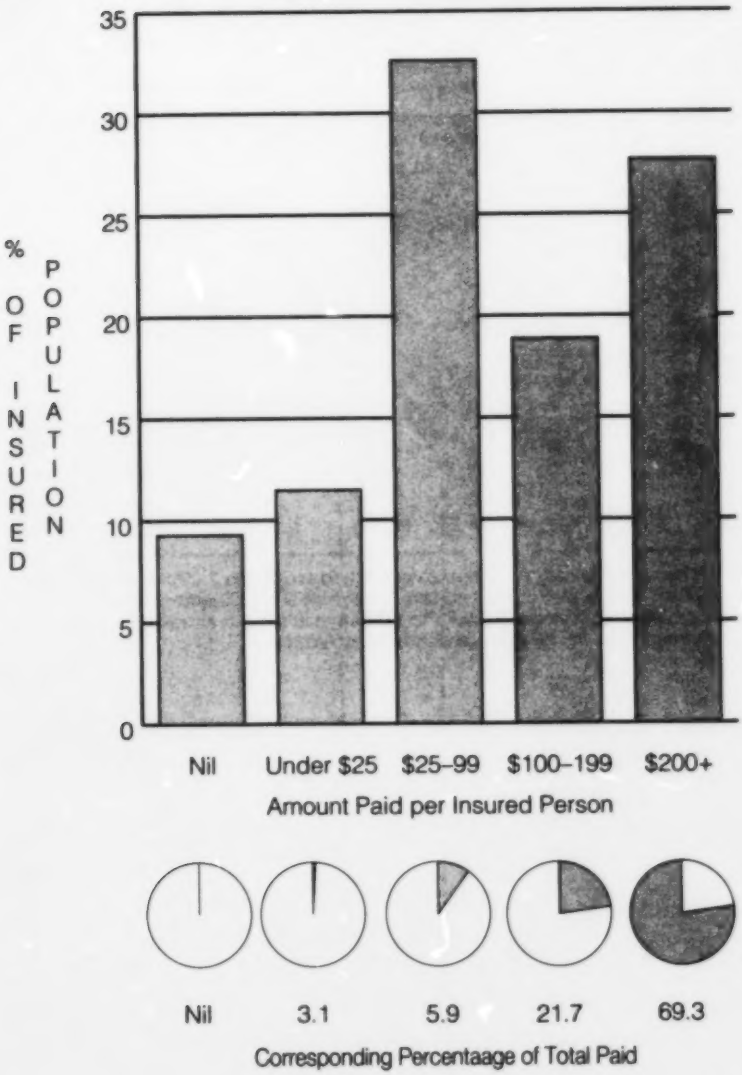

Figure 7

Table 7.0
MSI Fee-for-Service Expenditure per Insured Person by Age and Sex
12 Months Ended March 31, 1990

Age Group	Insured[1] Population	Expenditure per Insured		
		Male	Female	Total
0 - 4	60,800	$280.77	$239.54	$260.65
5 - 9	60,900	137.39	121.48	129.57
10 - 14	62,500	103.36	100.10	101.87
15 - 19	68,400	100.15	176.85	137.21
20 - 24	69,200	97.99	252.13	173.75
25 - 29	76,700	112.53	312.64	213.00
30 - 34	73,500	131.13	290.92	212.31
35 - 39	67,400	145.40	261.00	203.21
40 - 44	62,500	166.04	249.23	207.41
45 - 49	47,600	187.09	269.16	226.08
50 - 54	40,200	235.29	283.19	259.28
55 - 59	38,300	292.30	287.81	289.97
60 - 64	36,100	349.45	323.11	335.58
65 - 69	35,500	431.27	363.63	394.47
70 - 74	29,100	488.29	432.58	457.45
75+	45,900	578.23	492.04	524.98
TOTAL	874,600	$200.31	$269.86	$235.57

1. The insured population in each age group was estimated as of October 1, 1989 by extrapolating from 1988 and 1989, postcensal annual estimates. This estimate of 874,600 excludes 13,100 individuals employed in Armed Forces or R.C.M.P. Population estimates above are rounded to the nearest 100, while expenditure per insured was calculated from unrounded data.

MSI Fee for Service Expenditure per Insured Person
by Age and Sex
12 Months Ended March 31, 1990

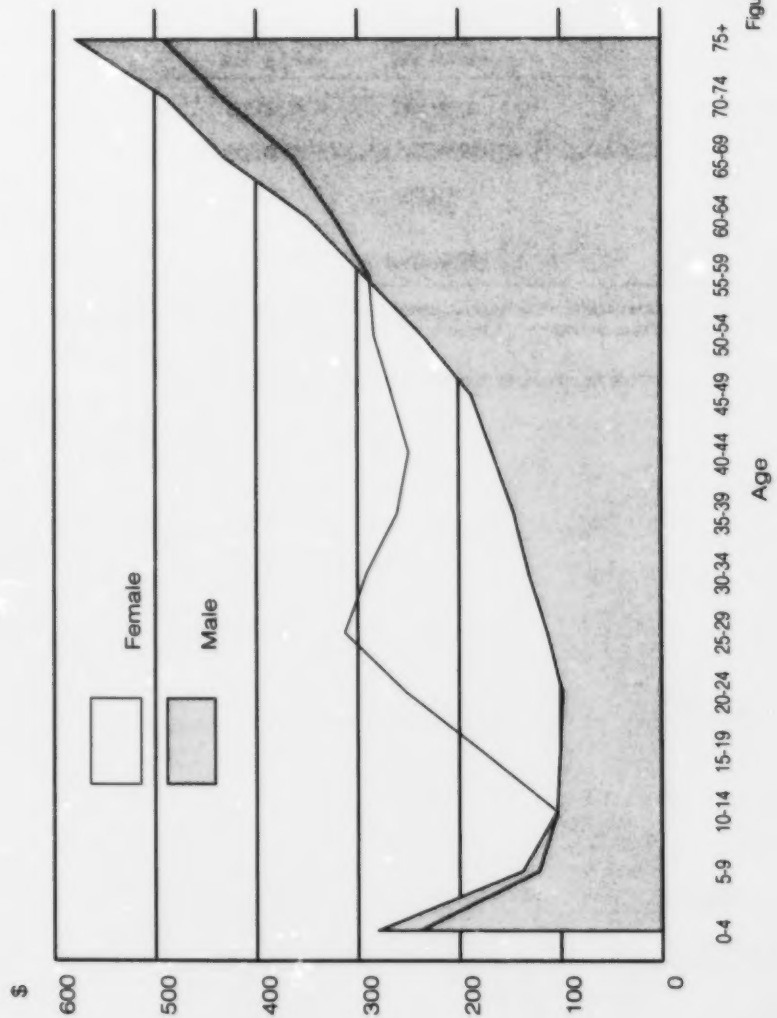

Figure 8

Table 8.0
Physicians' Services
MSI Payments to Institutions
for Services Performed by Salaried Physicians[1]
by Physician's Specialty

Physician	Amount Paid[2] 12 Months Ended March 31, 1989	Amount Paid[2] 12 Months Ended March 31, 1990	% Increase Amount Paid
General Practice	$3,605,490	$3,539,329	-1.8
Psychiatry	3,854,943	3,838,491	-0.4
Other	114,323	238,955	109.0
TOTAL	$7,574,756	$7,616,775	0.6

1. Data in this table include all amounts actually paid during fiscal 1989–90. Data reported elsewhere are on an incurred basis and include an estimate of amounts incurred but not billed at year end.

2. These figures include the following for overhead expenses:

	1988–89	1989–90
General Practice	$ 543,750	$ 449,323
Psychiatry	650,586	548,559
Other	18,266	51,816
TOTAL	$ 1,212,602	$ 1,049,698

NOVA SCOTIA MEDICAL SERVICES INSURANCE

1989 – 1990

SECTION THREE

DENTAL SERVICES

Table 1
MSI Dental Plans
Payment and Utilization Summary

Payment Summary	1988–89	1989–90
Children's Dental & Dental Surgical[1]		
Services in Nova Scotia	$14,816,831	$15,914,160
Services outside Nova Scotia	11,666	9,833
TOTAL	$14,828,497	$15,923,993
Special Dental Programs[2]	210,248	190,326
TOTAL dental payments	$15,038,745	$16,114,319

Utilization Summary	Dental Surgical		Children's Dental	
	1988–89	1989–90	1988–89	1989–90
Services rendered	32,975	30,841	500,833	514,733
Amount paid	$2,686,084	$2,658,119	$12,142,413	$13,265,874
Persons insured	869,500	874,600	199,300	198,800
Persons receiving insured services (beneficiaries)	10,408	10,191	125,784	130,577
Per cent of persons insured	1.2%	1.2%	63.1%	65.7%
Services per insured person	.04	.04	2.51	2.59
Paid per insured person	$3.09	$3.04	$60.93	$66.73
Services per beneficiary	3.17	3.03	3.98	3.94
Paid per beneficiary	$258.08	$260.83	$96.53	$101.59

1. The Children's Dental Plan covers all children under 16 years of age.
2. Special Dental Programs include persons who have a cleft palate; in-hospital services to persons who are severely mentally retarded; children at the Halifax School For the Blind 16 and older; and uninsured services to persons over 16 years of age approved under Special Consideration. Amounts paid were:

	1988–89	1989–90
Cleft Palate	$175,294	$155,516
Mental Retardation	26,428	29,362
School For The Blind	757	374
Special Consideration—Adult	7,769	5,074

Additional information on the Cleft Palate Plan is reported in Tables 15 to 20.

Table 2
MSI Children's Dental Plan
Payments to Dentists by Area

County	April 1, 1988 to March 31, 1989 Dentists Paid	Paid	Per cent Of Total Paid	April 1, 1989 to March 31, 1990 Dentists Paid	Paid	Per cent Of Total Paid
Annapolis	6	$ 262,351	2.2%	7	$ 280,397	2.1%
Antigonish	8	441,361	3.6	9	471,953	3.6
Cape Breton	40	1,821,109	15.0	39	1,865,910	14.1
Colchester	23	529,250	4.4	24	656,064	4.9
Cumberland	11	446,497	3.7	9	456,267	3.4
Digby	6	283,765	2.3	5	281,140	2.1
Guysborough	3	104,419	0.9	2	81,039	0.6
Halifax	204	4,568,156	37.6	197	4,967,014	37.5
Hants	7	396,661	3.3	8	420,004	3.2
Inverness,[1] Richmond & Victoria	10	608,869	5.0	12	659,578	5.0
Kings	21	717,141	5.9	23	807,321	6.1
Lunenburg	14	654,760	5.4	17	697,291	5.3
Pictou	17	723,262	5.9	17	840,748	6.3
Queens	4	144,458	1.2	4	156,861	1.1
Shelburne	4	142,138	1.2	3	152,811	1.2
Yarmouth	8	292,994	2.4	9	467,076	3.5
TOTAL	386	$12,137,191	100.0%	385	$13,261,474	100.0%
Out-of-Province	—	5,222	—	—	4,400	—
GRAND TOTAL	386	$12,142,413	—	385	$13,265,874	—
Payments to Urban Areas						
Halifax-Dartmouth Urban	199	4,409,947	36.3	188	4,656,941	35.1
Sydney City	21	740,359	6.1	24	835,952	6.3
TOTAL	220	$ 5,150,306	42.4	212	$ 5,492,893	41.4

1. Payments were made to one dentist in Victoria, and two in Richmond county in 1988–89 and 1989–90.
2. The Halifax–Dartmouth urban area includes the area within a perimeter bounded by Halifax, Middle Sackville and Dartmouth.

Table 3
MSI Children's Dental Plan
Amount Paid and Expenditure per Insured Person[1]
1988–89 and 1989–90

Age	Amount Paid 1988–89	Amount Paid 1989–90	Expenditure per Insured Person 1 1988–89	Expenditure per Insured Person 1 1989–90	% Change
Less than 1	$ 1,781	$ 2,117	$ .15	$ .17	13.3
1	26,338	31,798	2.19	2.61	19.2
2	162,395	167,529	13.20	13.85	4.9
3	509,801	533,704	41.11	43.04	4.7
4	658,805	759,469	53.13	60.76	14.4
5	772,728	888,659	62.82	71.09	13.2
6	896,071	993,463	72.26	80.77	11.8
7	1,004,532	1,096,104	83.02	88.40	6.5
8	1,057,355	1,147,477	85.96	94.83	10.3
9	1,027,477	1,119,933	82.86	90.32	9.0
10	929,792	1,035,233	76.21	83.49	9.6
11	876,328	954,863	71.83	77.63	8.1
12	899,437	950,620	70.82	77.92	10.0
13	951,812	1,003,382	73.22	79.01	7.9
14	983,203	1,084,281	76.22	83.41	9.4
15	1,272,282	1,371,101	94.24	107.12	13.7
16	112,276	126,141	—	—	—
TOTAL	$12,142,413	$13,265,874	$ 60.93	$ 66.73	9.5

1. Insured population in 1989 is shown in Table 4. Coverage for 16-year-olds terminates at the end of the month during which they reach age 16.

Children's Dental Plan
Amount Paid per Insured Person
by Age Group

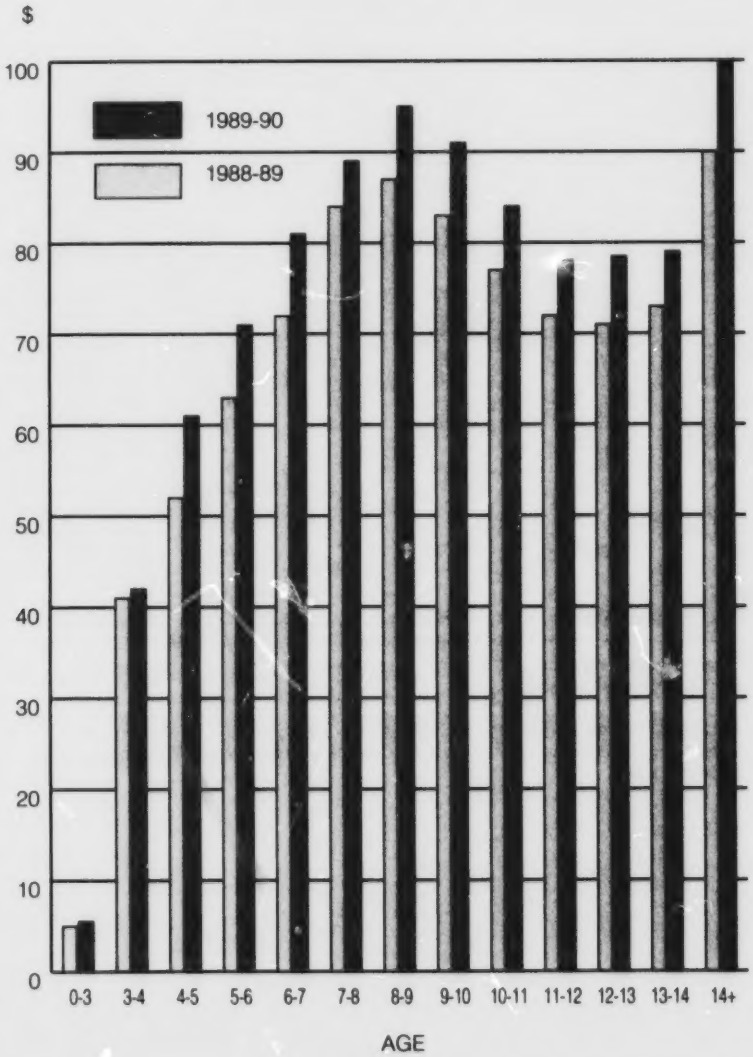

Figure 9

Table 4
MSI Children's Dental Plan
Utilization Rates and Expenditure per Beneficiary
April 1, 1989 to March 31, 1990

Age	Insured[1]	Beneficiaries[2]	Utilization Rate	Expenditure per Beneficiary
Less than 1	12,500	77	0.6	$ 27.49
1	12,200	559	4.6	56.88
2	12,100	2,468	20.4	67.88
3	12,400	7,295	58.8	73.16
4	12,500	9,050	72.4	83.92
5	12,500	9,817	78.5	90.52
6	12,300	10,108	82.2	98.28
7	12,400	10,290	83.0	106.52
8	12,100	10,160	84.0	112.94
9	12,400	10,267	83.0	108.87
10	12,400	10,084	81.3	102.66
11	12,300	9,818	79.8	97.26
12	12,200	9,862	80.8	96.39
13	12,700	9,776	77.0	102.64
14	13,000	9,816	75.5	110.46
15	12,800	10,561	82.5	129.83
16	—	549	—	229.77
TOTAL	198,800	130,577	65.7	$ 101.59
AGES 3 to 16	162,000	127,473	78.7	$ 102.49

1. Insured population is the estimated population as of December 1989. Population estimates were derived from Family Allowance Data.

2. Children who received services before and after a birthday are counted as of the youngest age. Consequently, the number of children who received services after reaching age 16 may be somewhat higher than shown.

Table 5
Children's Dental Plan Expenditure for Children Aged 3 and Over by Area of Residence April 1, 1989 to March 31, 1990

County	Insured[1] Population	Amount Paid	Expenditure per Insured
Annapolis	4,100	$ 299,461	$ 73.04
Antigonish	4,400	409,986	93.18
Cape Breton	24,600	1,862,452	75.71
Colchester	8,400	659,445	78.51
Cumberland	6,100	503,057	82.47
Digby	3,800	263,653	69.38
Guysborough	2,600	221,939	85.36
Halifax	52,700	4,203,498	79.76
Hants	7,600	711,866	93.67
Inverness	4,700	385,307	81.98
Kings	10,100	843,000	83.47
Lunenburg	8,000	665,243	83.16
Pictou	10,100	852,509	84.41
Queens	2,300	167,482	72.82
Richmond	2,500	243,018	97.21
Shelburne	3,400	255,626	75.18
Victoria	1,700	122,220	71.89
Yarmouth	4,900	394,668	80.54
TOTAL	162,000	$ 13,064,430	$ 80.64

1. Insured population by county was estimated by applying the population distribution of children aged 3 to 15 as of the 1986 census to the insured population shown in Table 4.

2. The breakdown of expenditure by county is based on MSI county codes. In some instances persons who reside in one county have postal addresses in another county and in those instances MSI county codes would reflect the postal address. This problem is believed to have caused some distortion in the amount paid associated with Hants County, given that some residents of Halifax County have postal addresses in Hants.

Table 6
Children's Dental Plan
Utilization Rates and Expenditure per Patient
for Children Aged 3 and Over
by Area of Residence
April 1, 1989 to March 31, 1990

County	Insured[1] Population	Beneficiaries[2]	Utilization Rate	Expenditure per Patient
Annapolis	4,100	3,211	78.3	$ 93.26
Antigonish	4,400	3,785	86.0	108.32
Cape Breton	24,600	18,032	73.3	103.29
Colchester	8,400	6,482	77.2	101.73
Cumberland	6,100	4,542	74.5	110.76
Digby	3,800	2,870	75.5	91.87
Guysborough	2,600	1,729	66.5	128.36
Halifax	52,700	43,107	81.8	97.51
Hants	7,600	7,026	92.4	101.32
Inverness	4,700	3,466	73.7	111.17
Kings	10,100	8,597	85.1	98.06
Lunenburg	8,000	6,105	76.3	108.97
Pictou	10,100	7,965	78.9	107.03
Queens	2,300	1,588	69.0	105.47
Richmond	2,500	1,890	75.6	128.58
Shelburne	3,400	2,287	67.3	111.77
Victoria	1,700	1,143	67.2	106.93
Yarmouth	4,900	4,007	81.8	98.49
TOTAL	162,000	127,832	78.9	$ 102.20

1. Insured population by county was estimated by applying the population distribution of children aged 3 to 15 as of the 1986 census to the insured population shown in Table 4.

2. Data in Table 4 shows 127,473 beneficiaries 3 years of age or over. Children who received services both before and after their third birthday were shown as age 2 in Table 4, but are included in the 3-and-over group in this table.

   Qualifications in Table 5, Note 2, apply to the distribution of beneficiaries by county.

Table 7
MSI Children's Dental Plan
Services and Payments by Type of Service
1988–89 and 1989–90

	Services			Paid		
	1988–89	1989–90	Per cent Change	1988–89	1989–90	Per cent Change
Diagnostic	199,216	207,269	4.0	$ 2,799,548	$ 2,930,325	4.7
Per cent	40.1	40.6		23.4	22.4	
Preventive	108,009	113,551	5.1	2,464,781	2,833,896	15.0
Per cent	21.7	22.2		20.6	21.7	
Preventive Orthodontics	3,763	3,642	- 3.2	341,231	359,028	5.2
Per cent	0.8	0.7		2.9	2.8	
Restorative	149,078	150,019	0.6	5,047,132	5,532,388	9.6
Per cent	30.0	29.4		42.2	42.4	
Oral Surgery	27,918	28,524	2.2	763,402	878,808	15.1
Per cent	5.6	5.6		6.4	6.7	
Endodontics	7,199	6,975	- 3.1	495,364	501,085	1.2
Per cent	1.5	1.4		4.1	3.8	
Other1	1,588	714	- 55.0	42,009	27,990	-33.4
Per cent	0.3	0.1		0.4	0.2	
Sub-Total	496,771	510,694	2.8	$11,953,467	$13,063,520	9.3
Per cent	100.0	100.0		100.0	100.0	
Lab Fees	4,062	4,039	- 0.6	188,946	202,354	7.1
TOTAL	500,833	514,733	2.8	$12,142,413	$13,265,874	9.3

1. Includes Periodontics and Prosthetics:

	Services		Paid	
	1988–89	1989–90	1988–89	1989–90
Periodontics	1,533	663	$34,054	$19,823
Prosthetics	55	51	7,955	7,813
Unclassified	—	—	—	353

NOTE: As of November 1, 1982, coverage for preventive orthodontics was limited to space maintainers.

Table 8
Children's Dental Plan
Summary of Services by Age and Type of Service

(A) Total Services April 1, 1989 to March 31, 1990[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less than 1	74	—	4	6	4	—	88
1	652	76	16	221	50	24	1,039
2	2,790	1,300	36	1,402	120	157	5,807
3	8,272	5,630	92	5,038	212	473	19,720
4	11,800	7,760	105	9,142	394	803	30,012
5	14,429	8,495	189	11,123	1,038	879	36,164
6	16,119	8,913	332	12,144	2,188	948	40,656
7	17,029	9,218	519	13,359	2,923	765	43,847
8	17,043	9,204	731	13,318	3,330	662	44,325
9	17,173	9,296	670	12,092	3,586	577	43,445
10	17,070	9,169	502	9,741	3,820	409	40,769
11	16,583	8,869	333	8,565	3,830	235	38,482
12	16,324	8,722	181	9,826	2,882	172	38,169
13	16,397	8,815	106	11,610	1,797	222	39,026
14	16,540	8,637	84	13,305	1,158	252	40,100
15	17,912	9,058	80	17,281	1,112	365	45,953
16	714	389	10	1,846	80	40	3,092
TOTAL	206,921	113,551	3,990	150,019	28,524	6,983	510,694

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total
Less than 1	—	—	0.1	—	—	—	—
1	0.3	0.1	0.4	0.1	0.2	0.3	0.2
2	1.3	1.1	0.9	0.9	0.4	2.2	1.2
3	4.0	5.0	2.3	3.4	0.7	6.8	3.8
4	5.7	6.8	2.6	6.1	1.4	11.5	5.9
5	7.0	7.5	4.7	7.4	3.6	12.6	7.1
6	7.8	7.8	8.3	8.1	7.7	13.6	8.0
7	8.2	8.1	13.0	8.9	10.1	10.9	8.6
8	8.2	8.1	18.3	8.9	11.7	9.5	8.7
9	8.3	8.2	16.8	8.1	12.6	8.3	8.5
10	8.3	8.1	12.6	6.5	13.4	5.8	8.0
11	8.0	7.8	8.4	5.7	13.4	3.4	7.5
12	7.9	7.7	4.5	6.6	10.1	2.5	7.4
13	7.9	7.8	2.7	7.7	6.3	3.2	7.7
14	8.0	7.6	2.1	8.9	0.4	3.6	7.8
15	8.7	8.0	2.0	11.5	4.0	5.2	9.0
16	0.4	0.3	0.3	1.2	3.9	0.6	0.6
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

1. Lab fees are not counted as services in this table.

2. Periodontics and prosthetics are included in the total column only.

Table 9
Children's Dental Plan
Summary of Amounts Paid by Age and Type of Service

(A) Amounts Paid April 1, 1989 to March 31, 1990[1]

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total[2]
Less than 1	$ 1,496	$ 2	$ 194	$ 316	$ 108	$ —	$ 2,117
1	13,978	1,833	894	12,070	1,930	1,092	31,798
2	62,268	31,765	4,444	58,606	4,216	6,175	167,529
3	171,833	136,407	12,878	185,894	7,119	17,519	533,704
4	193,477	192,595	14,582	317,566	12,043	28,920	759,469
5	212,691	211,623	24,245	378,645	30,358	30,755	888,659
6	224,886	222,771	41,256	408,016	63,428	32,773	993,463
7	231,417	230,428	67,745	454,886	83,923	26,978	1,096,104
8	228,121	229,959	97,768	464,606	96,197	29,591	1,147,477
9	227,843	232,303	91,415	431,852	102,918	31,883	1,119,933
10	226,463	229,409	69,314	360,143	109,350	38,449	1,035,233
11	218,466	221,864	46,165	324,451	110,334	31,578	954,863
12	214,714	218,280	24,964	371,707	86,607	32,399	950,620
13	215,792	220,688	12,380	450,484	54,621	46,142	1,003,382
14	219,643	215,935	9,833	529,995	45,989	56,916	1,084,261
15	241,139	226,193	6,574	743,805	63,648	84,452	1,371,101
16	9,610	9,841	1,361	86,330	6,340	11,572	126,141
TOTAL	$ 2,913,857	$2,833,896	$ 526,012	$5,579,372	$ 879,129	$ 507,194	$13,265,874

(B) Percentage Distribution

Age	Diagnostic	Preventive	Preventive Orthodontics	Restorative	Oral Surgery	Endodontics	Total
Less than 1	0.1	—	—	—	—	—	—
1	0.5	0.1	0.2	0.2	0.2	0.2	0.2
2	2.1	1.1	0.8	1.1	0.5	1.2	1.3
3	5.9	4.9	2.4	3.3	0.8	3.4	4.0
4	6.6	6.8	2.8	5.7	1.4	5.7	5.7
5	7.3	7.5	4.6	6.8	3.4	6.1	6.7
6	7.7	7.9	7.8	7.3	7.2	6.5	7.5
7	8.0	8.1	12.9	8.2	9.6	5.3	8.3
8	7.8	8.1	18.6	8.3	11.0	5.8	8.6
9	7.8	8.2	17.4	7.7	11.7	6.3	8.4
10	7.8	8.1	13.2	6.5	12.4	7.6	7.8
11	7.5	7.8	8.8	5.8	12.6	6.2	7.2
12	7.4	7.7	4.7	6.7	9.9	6.4	7.2
13	7.4	7.8	2.4	8.1	6.2	9.1	7.6
14	7.5	7.6	1.9	9.5	5.2	11.2	8.2
15	8.3	8.0	1.2	13.3	7.2	16.7	10.3
16	0.3	0.3	0.3	1.5	0.7	2.3	1.0
TOTAL	100.0	100.0	100.0	100.0	100.0	100.0	100.0

1. Lab fees are shown by type of service in this table. They are shown separately in Table 7.

2. Periodontics and prosthetics are included in the total column only.

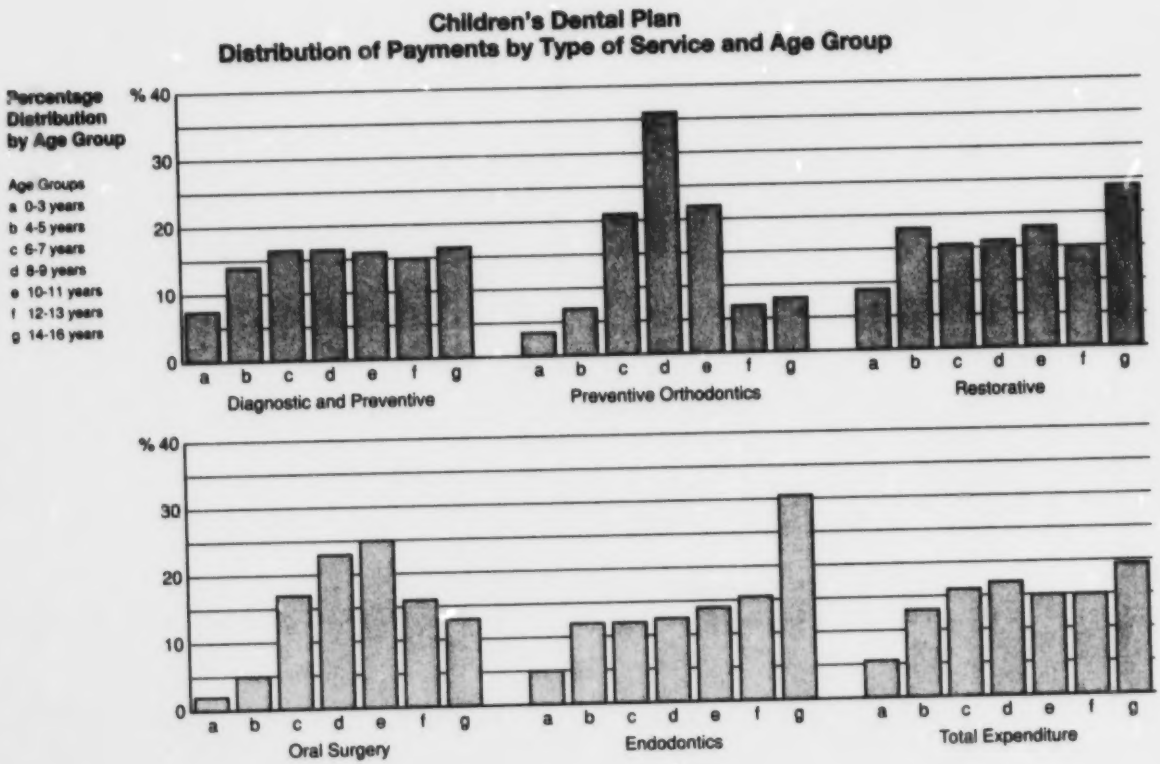
Children's Dental Plan
Distribution of Payments by Type of Service and Age Group
Percentage Distribution by Age Group
Age Groups
a 0-3 years
b 4-5 years
c 6-7 years
d 8-9 years
e 10-11 years
f 12-13 years
g 14-16 years
% 40
30
20
10
0
a b c d e f g
Diagnostic and Preventive
Preventive Orthodontics
Restorative
Oral Surgery
Endodontics
Total Expenditure

Figure 10

Table 10
MSI Dental Surgical Plan
Payments to Dentists by County

County	April 1, 1988 to March 31, 1989			April 1, 1989 to March 31, 1990		
	Dentists Paid	Amount Paid	Per cent of Total Paid	Dentists Paid	Amount Paid	Per cent of Total Paid
Annapolis	4	$ 1,477	0.1	4	$ 793	—
Antigonish	2	14,263	0.5	2	11,311	0.4
Cape Breton	7	190,754	7.1	8	174,377	6.6
Colchester	4	15,065	0.6	3	21,084	0.8
Cumberland	6	9,237	0.4	3	4,638	0.2
Digby	3	592	—	—	—	—
Guysborough	—	—	—	—	—	—
Halifax	14	1,906,518	71.2	14	1,948,540	73.5
Hants	3	9,052	0.3	3	7,714	0.3
Inverness	3	13,785	0.5	3	10,469	0.4
Kings	6	417,939	15.6	6	236,278	8.9
Lunenburg	5	4,431	0.2	2	6,923	0.3
Pictou	5	91,726	3.4	3	226,123	8.5
Queens	2	781	—	2	1,159	—
Shelburne	2	293	—	1	199	—
Yarmouth	3	3,727	0.1	2	3,078	0.1
TOTAL	69	$ 2,679,640	100.0	56	$ 2,652,686	100.0
Out-of-Province	—	6,444	—	—	5,433	—
GRAND TOTAL	69	$ 2,686,084	—	56	$ 2,658,119	—

1. Counties where the number of dentists paid under the Children's Dental and Dental Surgical Plans was less than three are combined to preserve confidentiality.

Table 11
MSI Dental Surgical Plan
Amount Paid by Type of Service
1988–89 and 1989–90

	April 1988 to March 1989		April 1989 to March 1990		
	Paid	% of Dental Surgical	Paid	% of Dental Surgical	Per cent Change
Surgical removal of erupted teeth	$ 166,625	6.2%	$ 143,507	4.0%	-13.9%
Surgical removal of impacted teeth	1,663,718	61.9	1,601,913	60.3	- 3.7
Surgical removal of residual roots	94,434	3.5	93,736	3.5	- 0.7
Correction of prognathism	173,693	6.5	195,612	7.4	12.6
Correction of micronathism	252,191	9.1	280,380	10.5	11.2
Other services	335,423	12.5	342,971	12.9	2.3
TOTAL	$ 2,686,084	100.0%	$ 2,658,119	100.0%	- 1.0%

Table 12
Dental Surgical Plan
Distribution by Age
April 1, 1989 to March 31, 1990

Age	Patients	Services	Amount Paid	Paid per Patient
Less Than 10	410	266	$ 16,467	$ 40.16
10 – 14	433	1,239	132,204	305.32
15 – 19	3,720	12,101	1,050,877	282.49
20 – 24	2,124	7,491	595,758	280.49
25 – 29	1,206	3,868	328,373	272.28
30 – 34	679	1,940	186,087	274.06
35 – 39	399	1,044	109,581	274.64
40 – 44	311	712	69,791	224.41
45 – 49	214	462	45,490	212.57
50 – 54	147	381	30,994	210.84
55 – 59	134	354	27,451	204.86
60 – 64	132	304	20,834	157.83
65 – 69	108	205	14,928	138.22
70 +	174	474	29,284	168.30
TOTAL	10,191	30,841	$ 2,658,119	$ 260.83

Table 13
Payments to Nova Scotia Dentists by Specialty
April 1, 1989 to March 31, 1990

Children's Dental Plan

Specialty	Fiscal 1988-89 Dentists	Fiscal 1988-89 Paid	Fiscal 1989-90 Dentists	Fiscal 1989-90 Paid	Per cent Change
General Practice	338	$ 11,221,276	338	$ 12,261,883	9.3%
Endodontics	5	60,588	5	67,149	10.8
Orthodontics	10	22,175	9	24,188	9.1
Oral Surgery	12	49,982	10	94,942	90.0
Pedodontics	7	763,703	8	792,997	3.8
Periodontics	9	17,205	10	17,829	3.6
Prosthetics	5	2,262	5	2,486	9.9
TOTAL	386	$ 12,137,191	385	$ 13,261,474	9.3

Dental Surgical

Specialty	Fiscal 1988-89 Dentists	Fiscal 1988-89 Paid	Fiscal 1989-90 Dentists	Fiscal 1989-90 Paid	Per cent Change
General Practice	53	$ 108,005	42	$ 142,591	32.0%
Orthodontics	—	—	—	—	—
Oral Surgery	12	2,567,146	10	2,502,745	- 2.5
Pedodontics	3	4,388	3	6,703	52.8
Periodontics	1	101	1	647	540.6
Prosthetics	—	—	—	—	N/A
TOTAL	69	$ 2,679,640	56	$ 2,652,686	- 1.0

Table 14
MSI Dental Plan
Payments to Dentists, by Payment Range
1988–89 and 1989–90

	Less Than $5,000		$5,000 -9,999		$10,000 -14,999		$15,000 -19,999		$20,000 -29,999		$30,000 -39,999		$40,000 -49,999		$50,000 -99,999		$100,000 And Over		Total	
	89	90	89	90	89	90	89	90	89	90	89	90	89	90	89	90	89	90	89	90
Children's Dental																				
General practitioners	47	42	29	21	25	32	26	24	59	53	33	39	37	35	70	83	10	9	338	338
Specialists	33	33	4	4	1	1	3	2	2	1	—	—	1	1	1	2	3	3	47	47
TOTAL	80	75	33	25	26	33	31	26	61	54	33	39	38	36	71	85	13	12	386	385
Dental Surgical																				
General practitioners	47	36	3	2	2	1	—	2	1	—	—	—	—	1	—	—	—	—	53	42
Specialists	4	4	—	—	—	—	—	—	—	—	—	—	—	—	4	—	8	10	16	14
TOTAL	51	40	3	2	2	1	—	2	1	—	—	—	—	1	4	—	8	10	69	56

Children's Dental Plan
Distribution of Dentists by Payment Range

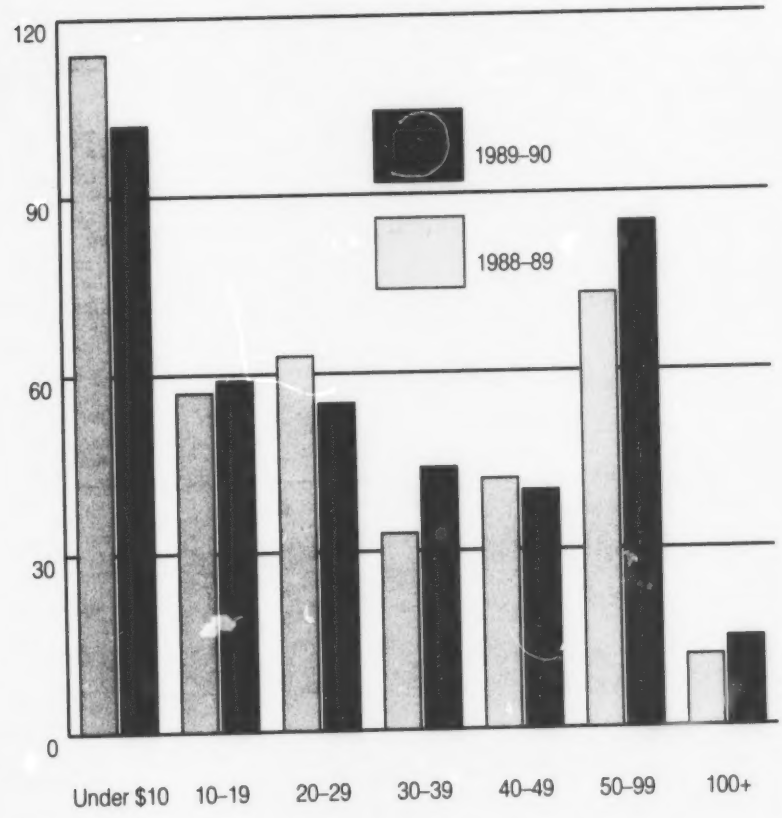

Figure 11

Table 15
Cleft Palate Plan
Payment and Utilization Summary
April 1, 1989 to March 31, 1990

	1988-89	1989-90	Per cent Change
Children insured by both the Cleft Palate Program and the Children's Dental Plan			
Services	1,810	1,848	2.1
Amount paid	$105,038	$102,982	-2.0
Persons not insured by the Children's Dental Plan			
Services	785	567	-27.8
Amount paid	$ 70,256	$ 48,503	-31.0
Retroactive payment[1]	$ —	4,031	N/A
Total paid	$175,294	$155,516	-11.3
Persons registered for coverage	549	583	6.2
Expenditure per insured	$ 319.30	$266.75	-16.5
Beneficiaries	434	430	-0.9
Insured by the Children's Dental Plan	328	333	1.5
Not insured by the Children's Dental Plan	106	97	-8.5
Per cent of insured persons who received Benefits	79.1%	73.8%	
Expenditure per beneficiary	$403.90	$361.67	-10.5

1. Tables 16 and 17 do not include the retroactive payment made in May 1990.

Table 16
Distribution of Cleft Palate Expenditure
Services And Payments by Type of Service
1988–89 and 1989–90

	Services			Paid		
	1988–89	1989–90	Per cent Change	1988–89	1989–90	Per cent Change
Diagnostic	902	876	–2.9	$ 16,675	$ 16,218	–2.7
Per cent	35.5	37.0		9.8	11.1	
Preventive	278	288	3.6	6,453	6,250	–3.1
Per cent	10.9	12.2		3.8	4.3	
Orthodontics	566	411	–27.4	100,300	70,218	–30.0
Per cent	22.3	17.4		58.7	47.9	
Restorative	529	478	–9.6	18,820	19,999	6.3
Per cent	20.8	20.2		11.0	13.6	
Oral Surgery	101	109	7.9	3,332	3,523	5.7
Per cent	4.0	4.6		1.9	2.4	
Endodontics & periodontics	47	53	12.8	2,297	4,438	93.2
Per cent	1.8	2.2		1.3	3.0	
Prosthetics	62	46	–25.8	12,729	7,745	–39.2
Per cent	2.4	2.0		7.4	5.3	
Dental surgery	58	104	79.3	10,406	18,255	75.4
Per cent	2.3	4.4		6.1	12.4	
Sub-total	2,543	2,365	–7.0	$ 171,012	$ 146,646	–14.2
Per cent	100.0	100.0		100.0	100.0	
Lab fees	52	50	–3.8	4,282	4,839	13.0
TOTAL	2,595	2,415	–6.9	$ 175,294	$ 151,485	–13.6

Table 17
Distribution of Cleft Palate Expenditure
By Age of Patients
April 1, 1989 to March 31, 1990[1]

Age	Patients	Per cent	Paid	Percent	Paid per Patient
0 - 9	191	44.4	$ 23,045	15.2	$ 120.65
10 - 19	195	45.3	105,481	69.6	540.93
20 - 22	27	6.3	10,657	7.1	394.70
23+	17	4.0	12,302	8.1	723.65
TOTAL	430	100.0	$151,485	100.0	$ 352.29

1. Eligibility for the Cleft Palate Plan terminates at age 23. Extensions are sometimes granted at the discretion of the Health Services & Insurance Commission.

NOVA SCOTIA MEDICAL SERVICES INSURANCE

1989-90

SECTION FOUR

OPTOMETRIC SERVICES

Table 1
Optometric Services
Payment and Utilization Summary

	1988-89	1989-90	Percentage Change
Payment Summary			
Fee-for-service payments			
In province	$4,212,977	$4,418,516	4.9
Out-of-province	13,304	13,532	1.7
Retroactive payments	—	258,085	—
TOTAL	$4,226,281	$4,690,133	11.0
Utilization Summary			
Services rendered	144,272	149,399	3.6
Persons insured[1]	869,500	874,600	0.6
Persons receiving services (Beneficiaries)	141,906	144,592	1.9
Percentage of Persons Insured	16.3	16.5	
Services per 1,000 Insured	166	171	3.0
Expenditure per 1,000 Insured	$4,861	$5,363	10.3
Services per 1,000 Beneficiaries	1,017	1,033	1.6
Expenditure per 1,000 Beneficiaries	$29,782	$32,437	2.9

1. Estimates of insured population as of October 1 are 865,900 for 1988-89 and 874,600 for 1989-90. These figures exclude 13,400 individuals in the Armed Forces or R.C.M.P. in 1988-89, and 13,100 individuals in 1989-90.

Table 2
Optometric Services
Optometric Services in Urban and Rural Areas[1]

	1988-89	1989-90
Number of Optometrists Paid		
Urban	29	29
Rural	27	30
TOTAL	56	59
Number of Services Paid		
Urban	70,210	72,412
Rural	73,608	76,523
Out-of-province	454	464
TOTAL	144,272	149,399

Amount Paid

	1988-89	% Of Total	1989-90	% Of Total
Urban	$2,156,572	51.0	$2,149,232	45.8
Rural	2,056,405	48.7	2,269,284	48.4
Out-of-province	13,304	0.3	13,532	0.3
Retroactive payments	—	—	258,085	5.5
TOTAL	$4,226,281	100.0	$4,690,133	100.0

1. Urban areas are defined as areas with population over 35,000. These areas include: Sydney Urban Area within a perimeter bounded by North Sydney, Sydney City and Glace Bay; and the Halifax-Dartmouth Urban Area within a perimeter bounded by Halifax, Middle Sackville and Dartmouth.

Table 3
Optometric Services
Number of Optometrists Paid, by Payment Range
1988-89 and 1989-90

Location	Less Than $20.000		$20.000 -39.999		$40.000 -59.999		$60.000 -79.999		$80.000 and over		Total	
	89	90	89	90	89	90	89	90	89	90	89	90
Urban	4	3	3	3	2	3	8	6	12	14	29	29
Rural	2	2	2	3	5	7	6	4	12	14	27	30
TOTAL	6	5	5	6	7	10	14	10	24	28	56	59

Optometric Services
Number of Optometrists Paid
by Payment Range

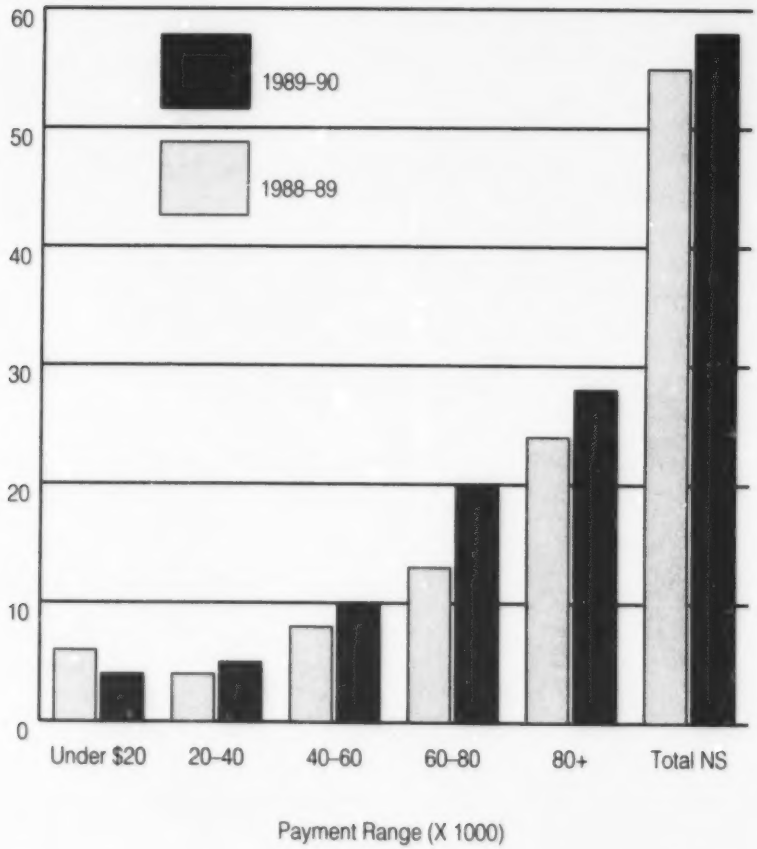

Figure 12

NOVA SCOTIA MEDICAL SERVICES INSURANCE

1989 - 1990

SECTION FIVE

MSI PHARMACARE

CYSTIC FIBROSIS AND DIABETES INSIPIDUS

Table 1
MSI Pharmacare
Payment and Utilization Summary
April 1, 1989 to March 31, 1990

	1988-89	1989-90	Per cent Change
Payment Summary			
Payments for prescriptions dispensed			
by participating pharmacies	$61,991,075	$70,735,188	14.1
by other provinces	614,554	688,214	12.0
by providers outside Nova Scotia	86,830	98,723	13.7
	$62,692,459	$71,522,125	14.1
Homes for special care[1]	799,814	877,976	9.8
Total	$63,492,273	$72,400,101	16.6
Utilization Summary			
Persons insured	108,000	110,500	2.3
Persons receiving insured services (Beneficiaries)[2]	102,495	104,484	1.9
Per cent of persons insured	94.9	94.6	
Prescriptions dispensed	2,582,960	2,702,704	4.6
Prescriptions per insured[2]	23.9	24.5	2.5
Expenditure per insured	$587.89	$655.20	11.4
Prescriptions per beneficiary[2]	25.2	25.9	2.8
Expenditure per beneficiary[2]	$611.66	$684.53	11.9

1. Special payment arrangements are in effect for residents of certain homes for special care. These include reimbursement of drug costs and payments for pharmacy services on a sessional or capitation fee basis.

2. Excludes persons residing in nursing homes that are authorized providers of prescription drugs.

Table 2
MSI Pharmacare
Prescriptions and Amount Paid by County of Provider[1]
April 1, 1989 to March 31, 1990

County	Providers Paid 1988–89	Providers Paid 1989–90	Number of Prescriptions 1988–89	Number of Prescriptions 1989–90	Amount Paid 1988–89	Amount Paid 1989–90	Paid per Prescription 1988–89	Paid per Prescription 1989–90
Annapolis	4	5	82,577	92,301	$ 1,906,534	$ 2,328,907	23.09	$25.23
Antigonish	5	5	56,709	59,380	1,349,762	1,543,612	23.80	26.00
Cape Breton	29	30	351,946	365,830	8,704,170	9,908,186	24.73	27.08
Colchester	12	12	121,557	126,309	3,226,842	3,669,194	26.55	29.05
Cumberland	12	13	144,863	150,648	3,459,529	3,900,625	23.88	25.89
Digby	7	7	87,718	93,242	1,999,603	2,344,606	22.80	25.15
Guysborough	5	5	30,167	35,871	607,944	787,023	20.15	21.94
Halifax	108	101	715,232	752,427	17,584,935	20,093,693	24.59	26.71
Hants	17	17	111,606	116,771	2,820,663	3,180,743	25.27	27.24
Inverness	7	7	75,123	78,495	1,785,233	2,042,447	23.76	26.02
Kings	17	21	167,320	168,679	4,006,735	4,371,768	23.95	25.92
Lunenburg	10	12	168,486	179,473	4,168,802	4,813,962	24.74	26.82
Pictou	17	17	186,306	188,989	4,382,965	4,880,893	23.53	25.83
Queens	3	3	53,416	55,035	1,258,116	1,428,447	23.55	25.96
Richmond	2	2	38,337	39,399	926,621	1,051,644	24.17	26.69
Shelburne	5	6	57,396	60,518	1,304,629	1,497,674	22.73	24.75
Victoria	2	2	24,533	26,336	527,429	610,636	21.50	23.19
Yarmouth	7	8	105,661	108,648	2,585,117	2,969,342	24.47	27.33
Out-of-province	—	—	4,007	4,353	86,830	98,723	21.67	22.68
TOTAL	269	273	2,582,960	2,702,704	$62,692,459	$71,522,125	$24.27	$26.46

1. Includes 250 pharmacies in 1989–90 and 23 other providers. Payments to nursing homes are not included in ths table.

Table 3
MSI Pharmacare
Number of Insured Persons and Number of Beneficiaries by County of Residence
April 1, 1989 to March 31, 1990

County	Persons[1] Insured	Number of[2] Beneficianes	Utilization Rate
Annapolis	3,800	3,871	101.9
Antigonish	2,300	2,778	120.8
Cape Breton	16,300	15,717	96.4
Colchester	6,300	6,565	104.2
Cumberland	6,100	5,702	93.5
Digby	3,600	3,660	101.7
Guysborough	2,000	1,391	69.6
Halifax	29,400	31,495	107.1
Hants	4,200	4,650	110.7
Inverness	2,900	3,504	120.8
Kings	6,700	6,932	103.5
Lunenburg	7,500	7,232	96.4
Pictou	7,400	7,230	97.7
Queens	2,300	2,078	90.3
Richmond	1,700	1,470	86.5
Shelburne	2,400	2,213	92.2
Victoria	1,300	1,134	87.2
Yarmouth	4,300	4,373	101.7
TOTAL	110,500	104,484	94.6

1. Number of insured persons was estimated on the basis of the population distribution of persons 65 and over from the 1986 census together with current estimates of total persons 65 and over as of October 1, 1989. The total number of persons eligible during the year would exceed the numbers shown due to deaths prior to October and persons becoming eligible after October.

2. The number of beneficiaries in each county do not add to the provincial total as some persons resided in more than one county during the year. Total beneficiary count is slightly higher than in other tables due to the inclusion of persons in certain homes for special care which are not included in Table 1.

Table 4
MSI Pharmacare
Prescriptions and Amount Paid by County of Residence[1]
April 1, 1989 to March 31, 1990

County	Number of Prescriptions	Rx per Beneficiary	Amount Paid	Paid per Beneficiary
Annapolis	96,966	25.0	$ 2,471,175	$638.38
Antigonish	53,256	19.2	1,387,898	499.60
Cape Breton	394,525	25.1	10,215,593	649.97
Colchester	125,721	19.2	3,636,457	553,92
Cumberland	115,912	20.3	4,052,601	710.73
Digby	87,039	23.8	2,187,328	597.63
Guysborough	48,628	35.0	1,107,551	796.23
Halifax	735,453	23.4	19,564,601	621.20
Hants	117,881	25.4	3,239,605	696.69
Inverness	69,731	19.9	1,820,381	519.52
Kings	170,869	24.6	4,439,149	640.39
Lunenburg	179,371	24.8	4,810,832	665.21
Pictou	191,242	26.5	4,942,499	683.61
Queens	58,189	28.0	1,511,888	727.51
Richmond	47,150	32.1	1,252,611	852.12
Shelburne	62,453	28.2	1,552,214	701.41
Victoria	29,043	25.6	688,746	607.36
Yarmouth	108,679	24.9	2,959.173	676.69
TOTAL	2,732,108	26.1	$71,840,302	$687.57

1. Prescriptions and amounts paid in this table are slightly higher than in other tables due to the inclusion of prescriptions for persons in certain homes for special care, which are not included in Tables 1 and 2.

Table 5
Pharmacare Prescriptions and Amount Paid
April 1, 1989 to March 31, 1990
by Drug Classification

Drug Classification	Number of Prescriptions	Per Cent of Total	Amount Paid	Per Cent of Total
04 — Antihistaminics	21,258	0.8	$ 553,969	0.8
08 — Anti-Infection Agents	139,502	5.2	3,073,844	4.3
10 — Antineoplastic Agents	8,651	0.3	1,325,834	1.9
12 — Autonomic Agents	97,561	3.6	3,235,642	4.5
20 — Blood Formation & Coagulation	28,104	1.0	421,398	0.6
24 — Cardiovascular Drugs	572,691	21.2	19,383,915	27.1
28 — Central Nervous System Drugs				
0800 — Analgesics	330,364	12.2	8,609,704	12.0
1200 — Anticonvulsants	16,460	0.6	269,453	0.4
1600 — Psychotropics	83	—	3,060	—
1604 — Antidepressants	62,791	2.3	1,475,129	2.1
1608 — Tranquilizers	116,948	4.3	1,505,413	2.1
1612 — Other Psychotropics	2,104	0.1	36,284	0.1
2000 — Central Nervous System Stimulants	1,153	0.1	36,579	0.1
2400 — Sedatives and Hypnotics	127,130	4.7	1,819,547	2.5
Other	912	—	10,711	—
Sub-total — Class 28	657,950	24.3	13,765,880	19.3
40 — Diuretics and Potassium Replacement Agents	274,631	10.2	$ 3,603,957	5.0
48 — Cough Preparations	25,175	0.9	482,201	0.7
52 — Eye, Ear, Nose & Throat Preparations	144,977	5.4	3,229,912	4.5
56 — Gastrointestinal Drugs	184,984	6.8	8,733,723	12.2
68 — Hormones & Substitutes	191,764	7.1	3,651,514	5.1
77 — Diabetic Supplies	40,001	1.5	1,073,518	1.5
84 — Skin & Mucous Membrane Preparations	77,937	2.9	1,672,928	2.3
86 — Spasmolytics	40,086	1.5	923,367	1.3
88 — Vitamins & Minerals	18,797	0.7	335,097	0.5
8885 — Ostomy Equipment	13,169	0.5	514,972	0.7
92 — Unclassified Therapeutic Agents	132,527	4.9	4,739,923	6.6
99 — Compounds	28,331	1.0	728,528	1.0
Other	4,608	0.2	72,003	0.1
TOTAL	2,702,704	100.0	$71,522,125	100.0

Table 6
MSI Pharmacare — Claims Aging (Cumulative)1
Paid April , 1987 to March 1990

Date Dispensed	Prescriptions	Amount Paid	Paid per Rx
April, 1987	199,696	$4,201,033	$21.04
May	199,862	4,250,072	21.27
June	208,904	4,460,953	21.35
July	206,705	4,504,689	21.79
August	194,028	4,291,707	22.12
September	205,494	4,553,572	22.16
October	212,846	4,759,881	22.36
November	202,468	4,584,121	22.64
December	213,925	4,838,409	22.62
January, 1988	204,793	4,672,965	22.82
February	202,403	4,642,508	22.94
March	225,665	5,221,248	23.14
April	204,318	4,744,905	23.22
May	215,862	5,067,641	23.48
June	220,014	5,190,483	23.59
July	203,080	4,904,905	24.15
August	217,703	5,245,088	24.09
September	217,308	5,288,676	24.34
October	216,601	5,352,271	24.71
November	218,326	5,452,463	24.97
December	223,795	5,548,869	24.79
January, 1989	225,261	5,575,351	24.75
February	198,819	5,024,717	25.27
March	223,053	5,675,208	25.44
April	210,389	5,358,377	25.47
May	231,864	5,961,533	25.71
June	225,455	5,843,118	25.92
July	213,345	5,599,125	26.24
August	227,357	6,028,849	26.52
September	217,757	5,798,375	26.63
October	231,902	6,247,839	26.94
November	228,012	6,202,710	27.20
December	226,276	6,057,316	26.77
January, 1990	234,598	6,298,667	26.85
February	209,444	5,709,935	27.26
March[2]	75,555	2,046,186	27.08

1. Does not include Chedabucto Pharmacy.

2. The average paid per prescription for the most recent month may vary by a few cents from the average that will result when a larger proportion of claims incurred that month have been paid.

Table 7
MSI Pharmacare
Payments to Pharmacies and Other Providers by Payment Range
Fiscal 1988–89 and Fiscal 1989–90

	Less than $25,000		$25,000 -49,999		$50,000 -74,999		$75,000 -99,999		$100,000 -124,999		$125,000 -149,999		$150,000 -199,999		$200,000 -249,000		$250,000 -299,999		$300,000 And Over		Total	
	89	90	89	90	89	90	89	90	89	90	89	90	89	90	89	90	89	90	89	90	89	90
Pharmacies	28	28	14	11	11	15	15	10	7	11	12	10	23	17	27	30	23	18	84	100	244	250
Other Providers	18	14	5	6	—	1	1	1	—	—	—	—	—	—	1	1	—	—	—	—	25	23
TOTAL	46	42	19	17	11	16	16	11	7	11	12	10	23	17	28	31	23	18	84	100	269	273

Payments to Pharmacies by Payment Range

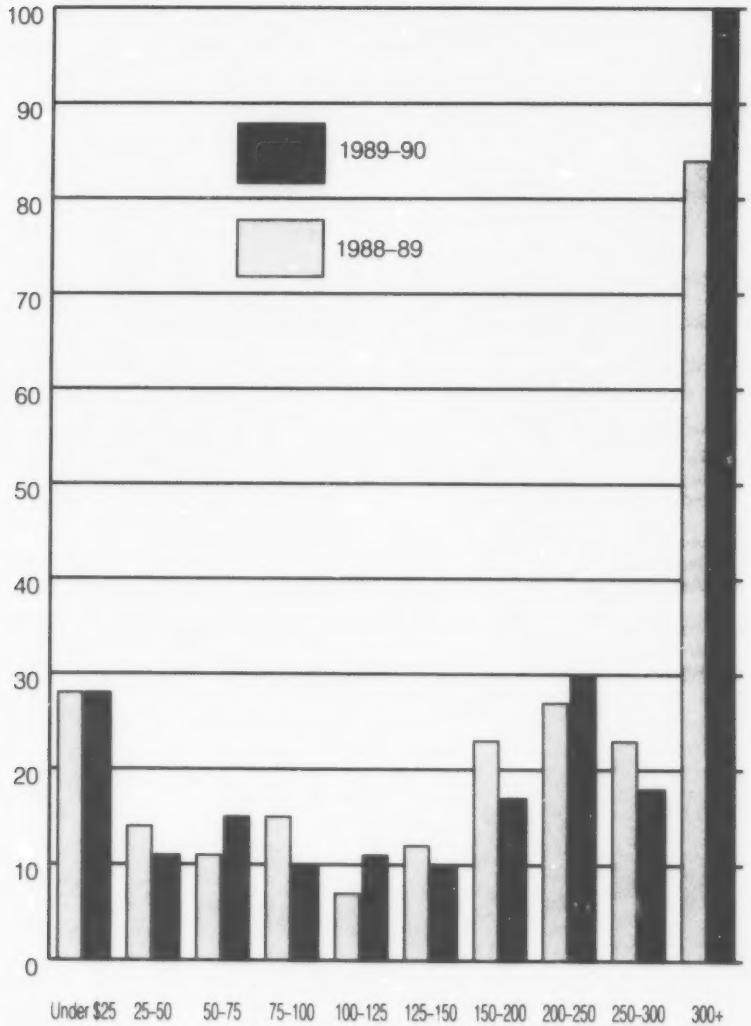

Figure 13

Table 8
Special Pharmacare Programs
Payment and Utilization Summary
April 1, 1989 to March 31, 1990

	1988–89	1989–90
Payment Summary		
Cystic Fibrosis		
Drugs	$540,720	$692,915
Equipment	21,790	40,904
Total	$562,510	$733,819
Diabetes insipidus	$ 57,986	$ 64,894
Cancer Society	$202,170	$173,763
Growth hormones	$233,264	$222,652
Utilization Summary		
Cystic Fibrosis		
Insured persons	144	153
Expenditure per insured person	$ 3,906	$ 4,796
Diabetes insipidus		
Insured persons	47	52
Expenditure per insured person	$ 1,234	$ 1,248
Growth hormones		
Insured persons	19	20
Expenditure per insured persons	$12,277	$11,133